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ABSTRACT

This health education handbook covers the following topics: (1) the consumer and health care; (2) diet and nutrition; (3) additives, supplements, and health foods; (4) prescription drugs; (5) over-the-counter drugs; (6) doctors, hospitals, and surgery; and (7) providing and paying for health care. A teacher's supplement health care unit is included. Each section includes objectives, content material, activities to reinforce the content, and two forms of tests. (JD)

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ED178505

CONSUMER EDUCATION

A Teaching-Learning Unit

ON

CONSUMER HEALTH CARE

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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DIET AND NUTRITION

ADDITIVES, SUPPLEMENTS, AND HEALTH FOODS

PRESCRIPTION DRUGS

OVER-THE-COUNTER DRUGS

DOCTORS, HOSPITALS, AND SURGERY

PROVIDING AND PAYING FOR HEALTH CARE

SP014962

The University of Tennessee, Knoxville

PREFACE

The materials included in this booklet are a part of a project, Project No. 564AH80322, funded by the Consumers' Education Program, U. S. Office of Education. Each unit of the materials includes objectives and a wide variety of activities. Much of the emphasis in the activities is on exploring, searching, and applying what has been learned from the unit reading. Students are asked to look into their everyday world for examples of ways in which they can become more aware of the role of all consumers. It is not the intent of the units that all activities be completed by every group of students. Wise selection by teachers and students is necessary.

The classroom teachers who assisted in the initial field testing of the materials developed in the project were invaluable. They and their students contributed many ideas for refinement of the materials, and they also were a vital part of the final field testing. Special thanks go to these teachers:

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Single copies of the materials in this booklet are available from the Project Director, Consumer Education Project, Henson 127, The University of Tennessee, Knoxville, TN 37916.

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I. THE CONSUMER AND HEALTH CARE

Objectives

Upon completing the activities for this section, you will be able to:

1. Describe healthy and unhealthy lifestyles.
2. Cite reasons and ways to stay healthy.
3. List items included in health care costs.
4. List things one can do to take responsibility for his/her own health.
5. List functions of the U. S. Food and Drug Administration in consumer protection.
6. Complain to the Food and Drug Administration about a health care problem.
7. Identify government agencies to handle various problems connected with health.
8. Define these terms:

Depressants (di pres' ent)--Causing a lowering of spirits; used to reduce tension and anxiety; barbiturates and sleeping pills are examples

Hallucinogen (he loo' se ne jen)--Drug capable of causing alterations of senses, such as LSD

Narcotics (nar kot' ik)--Drugs that relieve pain and induce sleep, such as opium, morphine, and heroin

Shellfish (shel' fish)--An animal that lives in water and has a shell but no backbone, such as lobster, shrimp, crab

Stimulants (stim' u lant)--Drugs that increase alertness, appetite and relieve depression such as amphetamines and cocaine

Taint (tānt)--Trace of something bad, offensive, or harmful

Activities

1. Read pages 4-6 to find out what is involved in health care for the consumer.
2. Interview someone who is over 70 and healthier than most at that age, and someone who is almost never sick. Make a list of the questions to ask, such as:
   a. What do you think has caused you to have good health?
   b. What recommendations can you make to a person my age about staying healthy?

3. Take a class poll on the following questions. How many have:

   a. been sick enough to stay home at least one day this year?
   b. been to the doctor in the past year?
   c. ever been in the hospital (not counting when they were born)?
   d. had someone in their family who has been in the hospital in the last year (include parents, brothers and sisters, and grandparents)?
   e. someone in the family who is disabled?
   f. had a death in their family within the past five years?
   g. had members of the family with serious health problems?

4. Name health care costs (visiting the doctor, getting new glasses, visiting the dentist, etc.) for roll call one day in class.

5. Multiply the number in your family by $638; $638 is the average amount spent for health care for each American in 1978. Ask your parents how much they think your family actually did spend for health care last year.

6. Discuss why Americans spend so much more than other nations on health care. Are we sicker? richer? healthier? better cared for? less able to stand pain? Why do you think costs for health care are going up so fast?

7. Role play returning some food, drugs, or cosmetics to the place where it was bought because it:

   a. did not work as advertised.
   b. was out of date.
   c. caused some harm to you.

8. List all the ways you can think of to live an unhealthy life and to live a healthy one. What are the advantages of being healthy? The disadvantages of being sick?

9. List on a paper what things you are doing to stay well. (clean and bind wounds, brush teeth, wear seat belts, avoid people with colds, etc.)

10. Ask for a person or a film from the Food and Drug Administration to tell you how that agency protects the health of Americans.

11. Identify the persons and/or government agency to which you could go for help if you could not get help from the person or store that sold the product to you in each of these cases.

    a. You find a cockroach in your food in a local restaurant.
    b. You have food poisoning that your doctor says resulted from tainted fish which you bought at the local supermarket and which you cooked immediately after you bought it.
    c. You have a prescription filled and it does not look like the same medication as before.

d. You buy discolored meat which has an expiration date of today. It does not make you sick, but you don't like the looks of it.
e. You buy eggs "fresh from your local henhouse" that smell strange and have yolks and whites that run together.

12. Identify the persons and/or government agencies you could go for help in each of these cases:

a. You find a small, half-hidden patch of what you think is marijuana.
b. You get an ad in the mail that guarantees a product will make you healthier within three weeks.
c. Your neighbor has been burning leaves three nights this week, and there is an anti-burning law in your county.
d. A neighbor is piping his sewage into the river near where you live.
e. Your friend gets a prescription from the doctor to lose weight, and it can be refilled as many times as he/she wishes.

I. THE CONSUMER AND HEALTH CARE

Introduction

In 1935, an average person in the United States spent $22 on health care. This included hospital care, doctors' and dentists' services, medicine, and supplies. The amount now spent per person in a year is $638. Although the United States and Canada have only six percent of the world's population, we buy 35 percent of the world's health care. We pay medical workers more, have newer and more complex equipment, spend more money on research and developing new drugs and treatments, have more drugs available, and have luxurious hospitals.

In this unit on health, you will learn what you can do to be a good consumer of health goods and services. You will study about food, drugs, hospitals, insurance, and health care plans so you will know what choices are available.

The Food and Drug Administration

The Food and Drug Administration (FDA) helps ensure that consumers get safe, sanitary, and properly labeled products. It enforces the Food, Drug and Cosmetic Act and its amendments, which assure the consumer that

. . . Foods are pure and wholesome, safe to eat, and produced under healthful conditions.

. . . Drugs and medical devices are safe and effective for their intended uses.

. . . Cosmetics are safe and properly labeled.

. . . Packaging and labeling of products is truthful and informative.

. . . New food or color additives will not be introduced until the manufacturer can prove their safety.

The FDA also enforces parts of the Public Health Service Act which provides that

. . . Biological products such as vaccines, serums, and blood are safe, pure, and potent.

. . . Pasteurized milk and shellfish are safe.

. . . Food services are sanitary.

. . . Food, water, and restroom facilities for travelers on trains, planes, and buses are sanitary.

If you come across a food, drug, medical device, or cosmetic that you believe is mislabeled, unsanitary, or otherwise harmful, you should write to the Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20852, about it. If you wish, you can contact your district FDA office. Check your telephone directory to see if your town has an FDA office. If so, you can report problems with foods or drugs to that office. Your report to FDA can lead to an investigation to decide whether the advertising should be changed or if the product should be taken off the market. Two examples of advertising which was changed in recent years because of FDA investigations are Ocean Spray cranberries ("more Vitamin C than orange juice") and Bufferin ("works twice as fast as aspirin").

To be sure you have a valid complaint, ask yourself these questions:

1. Have I used the product as the label directed?
2. Did I follow the instructions carefully?
3. Did an allergy contribute to the bad effects?
4. Was the product old when I used it?

If you can answer questions 1 and 2 "yes" and 3 and 4 "no," then report your complaint as soon as possible. Give the following information: your name, address, and telephone number, appropriate information from the label of the product (including code marks on the container), the name and address of the store where you bought the product and the date of purchase. Save whatever remains of the product and its container for possible inspection. Keep any unopened packages of the product. If an injury is involved, see your doctor at once and give him all of this information. Report your complaint also to the manufacturer, packer, or distributor shown on the label and to the store where you bought it.

In addition to the Food and Drug Administration, the following agencies of the federal government will assist with the problems listed here.

Problem or Product	Agency
Suspected false advertising	Federal Trade Commission
Meat and poultry products that are not up to par	U. S. Department of Agriculture
Problems with products made and sold only within your state	State Health Department
Suspected illegal sale of narcotics or dangerous drugs (stimulants, depressants, and hallucinogens)	Drug Enforcement Administration, U. S. Department of Justice
Sanitation of restaurants	Local health authorities

Dispensing practices of pharmacists and drug prices	State Board of Pharmacy
Pesticides, air, and water pollution	Environmental Protection Agency

Check newspaper and magazine articles to see what these agencies have done to protect the consumer in recent weeks.

II. DIET AND NUTRITION

Objectives

Upon completing the activities for this unit, you will be able to:

1. Distinguish between fact and fiction about weight loss by describing and telling what is wrong with
   a. fad diets
   b. formula diet products
   c. before-meal candy dietary aids
   d. bulk producers
   e. exercise machines
   f. inflatable clothing
   g. diet pills

2. Use nutrition information available on food labels.

3. Name four basic food groups, types of foods in each, and number of servings a person needs of each per day.

4. Define these terms:

   Appetite-Suppressing (ap' i tīt-se p[illegible]s' ing)--Reducing the desire to eat

   Nutrient (noo' trē ent)--Providing nourishment or sustainment of life

Activities

1. Read pages 9-14 about diet, nutrition, and nutrition labeling.

2. Bring in all of the newspaper and magazine articles you can find that have anything to do with losing weight. Show them to the class and point out the probable falsehoods in each.

3. Interview someone who has used fad diets, formula diet products, before-meal candy dietary aids, bulk producers, exercise machines, inflatable clothing, diet pills, and/or self-help groups to lose weight. What problems and/or successes did they have?

4. Find out if there are any self-help diet groups in your town. If so, ask a member of one to come to talk to the class about objectives of their group.

5. Discuss why weight-reducing clubs are often effective in helping people lose weight.

6. Plan a bulletin board showing advantages of nutrition labeling. You may get materials from FDA, your school's Home Economics teacher(s), or your county extension agent. You may also get a chart on nutrition from the National Dairy Council.

7. Underline sentences that indicate the advantages and disadvantages of each weight loss aid listed on pages 9-11.

8. Bring food labels to class. Discuss and evaluate nutrition information on these labels. What, if any, information should be added to the labels?

9. Show a film from your state university or county library on nutrition, labeling, additives, or dieting.

II. DIET AND NUTRITION

Aids to Dieting

Losing weight seems to be a national pastime. Millions of dollars are spent every year on fad diets, appetite-suppressing drugs, reducing gadgets, miracle dietary supplements, low-calorie foods, and reducing clubs. You need to know the truth about these weight-reducing products. Some are a waste of money. Others are dangerous to one's health. None are as effective as changing permanently to a balanced, nutritious diet and regular exercise.

Fad diets. Dozens of books, magazine articles, and newspaper stories have promoted all kinds of "new and revolutionary" diets. They are often followed enthusiastically by groups of people for a short time. These fad diets are supposed to make you lose weight fast without a doctor's supervision. The dieter usually eats a lot of one type of food, ignoring other important groups of foods. Some diets require mostly one item, such as liquid protein. Others call for only high-fiber foods. Such diets sometimes make you feel tired, deprive your body of needed water, and cause nausea and vomiting. The reason is the body does not get all of the nutrients it needs to work properly.

Formula diet products. In the supermarket today are diet formulas in liquids, powders, cookies, wafers, and soups. The advantages of the formula diets are that they are quick and easy to prepare, they tell you how much to eat, and they require no daily planning. You do not have to worry about buying low-calorie foods, counting calories, and varying menus. Disadvantages of formula diets are that they become monotonous; leave out essential nutrients; and can cause gas, diarrhea or constipation, and psychological imbalance.

No one should go on a formula diet without first getting the doctor's permission. Researchers believe that, in the long run, it is better to eat carefully selected ordinary foods and exercise regularly. This is better than any formula diet.

Before-meal candy dietary aids. Candy caramels, such as Ayds, are typical of a dietary aid sold to suppress the appetite. The theory is that by eating the candy a few minutes before meals, the dieter's blood sugar level is raised and the appetite is dulled. This makes it easy for the dieter to eat less at mealtime. However, there is no scientific evidence that before-meal candy dietary aids work this way for most people.

Bulk -producers. These products are taken 10 to 30 minutes before meals. They absorb water and swell up in the stomach so that it feels full and the person does not feel hungry. There is no clear evidence that bulk producers really work as advertised. If they are taken in larger-than-recommended doses, they can work as a laxative.

Exercise machines. Electrical and mechanical devices are used by people trying to reduce at home or in slenderizing salons, gyms, or health clubs. They may give active exercise, passive exercise, vibration, or massage. They are promoted as reducing inches, rather than losing pounds. An investigation showed that many people move so little in their daily lives that even small increases in activity caused by power-driven exercise machines, rocking tables, and vibrators may cause some weight loss. There are advantages in using devices that cause the body to move and the muscles to contract, but the more the devices do for you, the less they help you. If properly used, exercise machines that make you work for yourself--rowing machines, spring platforms, treadmills, and stationary bicycles--can benefit the heart and lungs. However, they are expensive substitutes for swimming, jogging, cycling, or playing tennis.

One exercise machine, Relax-A-Cizor, was taken off the market by a U. S. District Court after a trial found it to be dangerous to health. It was found to sometimes cause abnormal heart rhythms, miscarriages, and aggravation of hernia, ulcers, varicose veins, and epilepsy.

Special clothing. Wearing inflated shorts or belts does not cause you to lose weight. Body wraps dipped in chemical solutions that cause a person to perspire are not effective. Some are even dangerous. They cause body tissues to lose water instead of fat.

Diet pills. Appetite-suppressing drugs are those that stimulate the nervous system and help overcome depression that may cause over-eating. Most contain amphetamine. Unless used under strict supervision by a doctor, diet pills can cause serious side effects. Some of these include irritability, restlessness, sleeplessness, dry mouth, rapid heartbeat, and lightheadedness. They can cause one to become addicted to drugs.

An FDA study of the use of appetite-suppressing drugs found that people using these drugs with a diet lost only a fraction of a pound more per week than those who dieted and did not take the drugs. Since 1971, the FDA has caused drug producers to market 92 percent fewer amphetamines. The FDA's review showed that diet pills give little help in losing weight and may do considerable harm to one's emotional control.

Self-help groups. A self-help diet group is an organization of overweight people who ban together in an attempt to give each other moral support as they work toward becoming smaller. These groups primarily attack the symptom (fat) rather than the cause (how one got fat). These groups have been successful because many people become frustrated trying to reduce alone. Problems of will power, self-discipline, motivation, and frustration become too big. The group members give cooperation, encouragement, and empathy. Most groups do attempt to help the person change lifestyles and this makes weight loss permanent. They do not make losing weight easy--but it may be a little more enjoyable because of the social atmosphere.

There are five major diet groups. *Weight Watchers* is best known. It is a commercial, profit-making group. *Diet Workshop* uses low-calorie snacks to ward off hunger between meals. It tries to help the dieter to learn how to control eating behavior. *Diet Watchers* depend upon each other to help resist tempting situations. *Overeaters Anonymous* members know each other only by first names. The desire of all is to stop eating compulsively. There are no dues or fees; the organization is non-profit. *Take Off Pounds Sensibly (TOPS)* is a non-profit organization with 330,000 members. Members go to their own doctor and ask for a diet suited to their specific needs. The emphasis is on research, medical supervision, and group therapy.

Weight-reducing groups can help in taking off pounds. They use a combination of diet, exercise, and motivation. Because they do not encourage members to take drugs or special foods, they can be safer than many other methods of losing weight.

Nutrition

Foods are divided into four basic groups: meats and protein, milk and dairy products, bread and cereals, and vegetables and fruits. These four groups supply proteins, carbohydrates, vitamins, and minerals. You need them daily to maintain good health. You must choose the proper amounts from each food group each day in order to have a balanced diet; no one group supplies all you need. A chart to help you plan a balanced diet is shown on the next page.

Foods other than those given on the chart, such as fats, oils, sugars, and unrefined grain products, may be used to round out meals and satisfy the appetite. These supply calories and can add to total nutrients.

One set of well-balanced meals may cost more than another. Well-balanced meals at low cost usually include:

Less expensive kinds of foods from each of the four groups such as:

Meats and protein (poultry, eggs, dry beans, peas, peanut butter)
Milk and Dairy Products (non-fat dry)
Bread and Cereal (white enriched, cooked cereals, pastas, rice, grits)
Vegetables (cabbage, carrots, greens, potatoes), and Fruits (oranges, apples, bananas in season)

Fewer and less expensive "other foods" (jams, snacks, chips)

More home-prepared foods and fewer ready-to-heat or ready-to-eat foods

In-season foods

More milk products, vegetables, fruits, and cereals

Less meats, oils, sugar, sweets, and soft drinks

When buying foods, compare the cost and nutrition per serving. For instance, lean, boneless meat (stew, ground meat, liver, or boneless roast) will give you more servings per pound than meat with much bone, gristle, and fat (ribs, T-bone steak, or poultry). The method of cooking and type of recipe will also affect the number of servings and nutrition per pound.

Nutrition Labeling

Nutrition labeling is a new program developed by the U. S. Food and Drug Administration to give consumers more nutrition facts on processed food. Official nutrition labels must be used by food processors on packages when:

Foods have been restored or enriched.

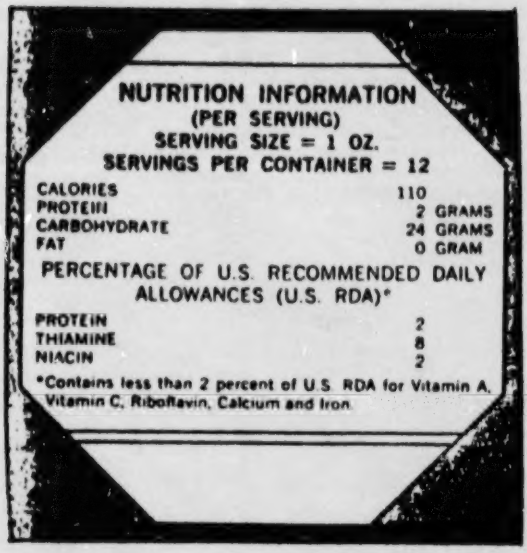
A special nutrition claim is made for the food. Example: "one glass of orange juice provides 50 percent of the day's vitamin C requirement."

FOOD GUIDE

Group	Servings Minimum No.	Size	Sources	Nutrients	To Promote
Meat	2	½ cup	Beef, veal, lamb, pork, liver, heart, kidney, poultry, fish	Protein Iron Riboflavin	Growth and repair of muscles, organs, blood, skin, eyes, hair, mouth, nervous system
		2	Eggs	Thiamine	
		1 cup	Dry beans and peas	Niacin	
		4 Tbs.	Nuts, peanuts, peanut butter		
Milk	2-Adults 3-4--Children 4-Teenagers	8 ounces 1-in.cube ½ cup	Milk Cheese Ice Cream	Calcium Protein Riboflavin Vitamin A	Healthy teeth and bones, nerves, muscles, heart
Bread and Cereals	4	1 slice 1 ounce ½ cup to 3/4 cup	Bread, crackers Ready-to-eat cereal Cooked cereal, cornmeal grits, macaroni, noodles rice, spaghetti, baked goods (all enriched, whole grain, or restored)	Protein Carbohydrates B vitamins Iron	Energy Health, nervous system
Vegetables & Fruits	4*	1 medium	Citrus fruits, non-citrus fruits, melons Dark green vegetables Dark yellow vegetables	Vitamin C Vitamin A	Healthy gums, blood vessels, bones, and teeth

*Choose one serving of a good source of Vitamin C (citrus fruit) and one serving, at least every other day, of Vitamin A. The remaining two to three servings may be of any fruit or vegetable.

Sample nutrition labels appear below. Label A shows the minimum information that must appear on a label. Label B lists some optional information in addition to the required information. Note the order in which nutrients are listed. The law specifies that nutrients must be listed in the order shown so you can compare products more easily.



NUTRITION INFORMATION
(PER SERVING)
SERVING SIZE = 1 OZ.
SERVINGS PER CONTAINER = 12

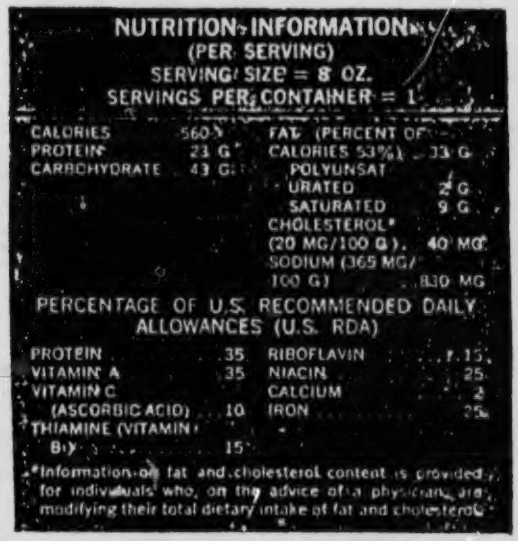
CALORIES	110
PROTEIN	2 GRAMS
CARBOHYDRATE	24 GRAMS
FAT	0 GRAM

PERCENTAGE OF U.S. RECOMMENDED DAILY ALLOWANCES (U.S. RDA)*

PROTEIN	2
THIAMINE	8
NIACIN	2

*Contains less than 2 percent of U.S. RDA for Vitamin A, Vitamin C, Riboflavin, Calcium and Iron.

This is the minimum information that must appear on a nutrition label.



NUTRITION INFORMATION
(PER SERVING)
SERVING SIZE = 8 OZ.
SERVINGS PER CONTAINER = 1

CALORIES	560	FAT (PERCENT OF CALORIES 53%)	33 G
PROTEIN	23 G	POLYUNSATURATED	2 G
CARBOHYDRATE	43 G	SATURATED	9 G
		CHOLESTEROL* (20 MG/100 G)	40 MG
		SODIUM (365 MG/100 G)	830 MG

PERCENTAGE OF U.S. RECOMMENDED DAILY ALLOWANCES (U.S. RDA)

PROTEIN	35	RIBOFLAVIN	15
VITAMIN A	35	NIACIN	25
VITAMIN C (ASCORBIC ACID)	10	CALCIUM	2
THIAMINE (VITAMIN B_1)	15	IRON	25

*Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

A label may include optional listings for cholesterol, fats, and sodium.

Nutritional labeling can help you in several ways by making you aware of

. . . some of the nutrients needed for good health.

. . . foods that supply important nutrients.

. . . foods to select to give you the most nutrition for your money.

. . . ways to avoid or limit nutrients that your doctor tells you not to eat.

The listing of U. S. Recommended Daily Allowances (U. S. RDA) on the nutrition label is important. It gives the kinds and amounts of nutrients supplied by the food to keep us healthy. To give consumers as much information as possible, the RDA is condensed into three categories: infants and children under four years of age, children over four years of age and adults, and women who are pregnant or breast-feeding a baby. Unless the food is for a special group, such as infants, the label will give nutrition information for only one category--children over four and adults. The U. S. RDA's are based on body needs for most healthy people, plus an excess of 30 to 50 percent to allow for individual variations. Thus, many adults need only two-thirds to three-fourths of the U. S. RDA's for several nutrients, and children may need only one-half.

III. ADDITIVES, SUPPLEMENTS, AND HEALTH FOODS

Objectives

Upon completing the activities for this section, you will be able to:

1. Name purposes of food additives.
2. Know how food additives are controlled.
3. Define food supplement.
4. Evaluate the need for dietary food supplements.
5. Recognize how food quacks operate.
6. Define these terms:

Additive (ad' i tiv)--Something that is added to improve the general quality of food or to counteract undesirable qualities

Food Supplement (sup' le ment)--Something added to make a diet more complete, such as vitamins, minerals, protein, alfalfa, kelp, ginseng, and brewer's yeast

Pesticide (pes' ti sīd) --Chemical preparation for destroying pests, such as flies and mosquitos

Quack (kwak)--Fraudulent or ignorant pretender of medical skill

Synthetic (sin thet' ik)--compound formed by chemical reaction in a laboratory, rather than of natural origin; man-made

Activities

1. Read pages 17-22 about diet, nutrition, and nutrition labeling.

2. Discuss what you have heard or read about food additives. Name four purposes they serve and give examples of each. What is the difference between natural and synthetic additives? What is the difference in the way the body reacts to them?

3. Read food labels on various food items such as cured meats, marshmallows, convenience foods, and snack foods. What are the most commonly used additives? Compare ingredients.

4. Discuss: What is the danger of putting additives in foods? Of leaving them out? Which do you think should be done? Why? What effect do you think it would have on our foods if all additives were taken out? Why are some people afraid of additives?

5. Locate newspaper and magazine articles and advertisements for food supplements and health foods. Examine them to see if you think they are making claims beyond what they are able to do.

6. Locate a health food store operator or health food user who can speak to your class or be interviewed by some students.

7. Browse through such magazines as Mother Earth, Organic Gardening, and/or health food magazines. Evaluate the kinds of claims they make and what they sell. Do they make claims for vitamins, chiropractic treatments, certain foods, or supplements?

8. Define the following terms. (Refer to page 20)

   a. organically grown
   b. organically processed
   c. natural food
   d. health food

9. Visit a health food store or check their advertisements. Compare prices of vitamins, supplements, and health foods with the same types of things in supermarkets and drugstores. Examples of items you might compare prices on are "natural" cereal, yogurt, eggs, sesame or sunflower seeds, dried fruit, brewer's yeast, molasses, wheat germ, whole grain flower, and "natural" bread.

10. Write and present plays about people who believe they should eat organically grown food, health foods, take supplements, and avoid eating processed foods.

11. Role play a health food salesperson trying to get a reluctant customer to buy health foods and supplements.

12. Write an advertisement telling what is wrong with health food claims and trying to sell regular foods. You might start by looking again at health food ads you collected in Mother Earth, Prevention, or Organic Gardening magazines. Consider: How much more might health foods cost? Are you really buying better health? How can you be sure what you buy was actually grown without chemical fertilizers or has special health-giving properties?

13. Survey your family members to find out what vitamins, minerals, health foods, or supplements they use regularly. Talk about the benefits after you have finished this section of the unit.

14. In groups of 2 to 4 people, make transparencies on diet, additives, supplements, or health foods. Show these on an overhead projector and discuss them in class.

III. ADDITIVES, SUPPLEMENTS, AND HEALTH FOODS

Additives

Food processors spend about $500 million each year to add substances to foods to preserve them, to add nutrients, or to give color and flavor. Some food additives are not new. Salt, smoke, and spices have been used for thousands of years to preserve food and to flavor it. In more recent years, additives have been put into food for a wider variety of purposes. Today additives are used in food for the following basic purposes:

1. *Add nutrients.* Sometimes vitamin and mineral nutrients are added to foods to improve nutritional quality. For example, Vitamin D is frequently added to milk and Vitamin A is sometimes added to margarine.

2. *Give flavor.* Eighty percent of the additives used today are for the purpose of improving the flavor of food. These include spices, herbs, citrus oils, and sorbitol.

3. *Preserve food.* Most food is processed months before it is eaten. Because many of these foods are perishable, they would spoil in a short time without additives. Thus additives help the shelf life of food--the length of time it holds its original flavor and quality. Calcium propionate, for instance, keeps bread from molding. Other preserving additives include propionic acid, ascorbic acid, sorbic acid, butylated hydroxyanisole, and butylated hydroxytoluene.

4. *Keep texture.* Foods have textures or forms to which people are accustomed. Some of them lose their texture during processing. Without the use of additives, pickles would be limp, ice cream would be grainy, and salad dressings would separate. Additives in this category include lecithin, agar agar, methyl cellulose, and gum atabic.

5. *Give color.* Processed foods frequently lose some of their color. To make the food look appealing, artifical coloring is added. Some of these additives include food colors, carotene, cochineal, and chlorophyll.

6. *Control acidity.* Some additives control how acid or alkaline a food is. Acids are used to give a tart flavor to soft drinks. Some of these additives include potassium acid tartrate, tartaric acid, sodium bicarbonate, citric acid, and lactic acid.

7. *Act as maturing agents.* Certain foods must be aged before they can be used. These include flour and cheese. Instead of waiting for these time-consuming processes to take place naturally, additives may be used to speed them up. These additives include chlorine dioxide, chlorine, and potassium bromate and iodate.

How Additives are Controlled

Additives may be put into food only if they improve it in some way. The Food Additives Amendment, effective in 1959, makes the Food and Drug Administration responsible for the safety of all food additives. Additives considered safe are classified "Generally Recognized As Safe" and are put on a list called GRAS. Additives on the GRAS list can be used by a processor without getting permission from the Food and Drug Administration. However, the FDA sets the amount which can be added. Only the smallest amount necessary to achieve the desired result is permitted. Occasionally ingredients get on the GRAS list and then are later removed because additional research suggests that they may not be as safe as originally thought. Cyclamates and monosodium glutamate for use in baby foods are recent examples.

Additives not on the GRAS list are known as regulated food additives. Permission to use these must be secured from the FDA. If a company wants to use a regulated additive in a food product, it must prove the additive is safe and will improve the product. The company must test the product and show proof of results to the FDA before permission can be granted.

Supplements

Food supplements include various vitamins, minerals, protein, alfalfa, kelp, ginseng, and brewer's yeast. Promoters of supplements produce alarm about health and then make exaggerated claims that supplements can cure diseases or symptoms.

Any food supplement that is promoted with false health claims is a quack product. Many are silly food fads and unnecessary. Americans are the best-fed people in the world. Lack of certain vitamins and minerals that once killed thousands of people no longer exists in our diet. Most people who eat a balanced diet from the basic four food groups do not need additional vitamins, minerals, or trace elements. Only a doctor should prescribe food supplements because he is the one who can tell if you have a deficiency which will cause a physical disorder.

The real danger is that persons with serious health problems will think they are improving their conditions by using supplements and health foods, when they are only becoming worse. How do you determine if the claims for supplements are false? Be informed!

Several organizations that spread nonsense about supplements have a stake in the sale of so-called natural foods and vitamins. The four chief selling points made by food faddists are false. They are listed here so that you will not be taken in by them.

1. *Claim: Almost all diseases are due to improper diets. The primary reason for most disease is that the body has a faulty diet which causes a chemical imbalance. To correct this imbalance, we must eat certain food supplements.*

Truth: There are very few diseases in the United States today that are caused by not having enough of certain elements in the diet. The current American food supply is superior to any in the world in amount, variety, and nutritional value.

2. *Claim: Modern farming methods have taken minerals out of the soil so that plants grown on this land and animals fed crops grown in such soil have little nutritional value. Therefore, we must buy supplements containing all the nutrients missing from the soil.*

Truth: Modern farming methods enrich the soil and protect it from wind and water erosion. Farmers now rotate their crops, lime and fertilize their soil, irrigate, control crop diseases and pests, and are more efficient than before. If the soil is fertile enough to grow the food, the plants will take the nutritive value they need from it. If the soil lacks those nutrients, the plants will not grow well.

3. *Claim: Commercial food processing (cooking, drying, freezing, and canning) destroys the nutritive value of foods. White flour, refined cereal, canned food, white sugar, and pasteurized milk have lost many of their vitamins and minerals while being harvested, stored, packaged, shipped, or displayed. By the time such food is eaten, there is almost no nutrition left.*

Truth: Modern food processing methods are used for the purpose of producing foods of high nutritional value. Fruits and vegetables are picked and processed near their peak. Flour, bread, milk, cereals, pastas, and margarine do lose nutrients in processing and storage, but many are enriched and fortified with vitamins and minerals during processing. Raw fruits and vegetables are good for you, but they too can lose nutritive value while being picked, stored, transported and prepared.

4. *Claim: Most Americans suffer from subclinical deficiencies (ones with symptoms you cannot see or feel) and must supplement their diets. These symptoms include everything from baldness to fatigue. People with continuing aches and pains whose doctors have told them they can find "nothing wrong" are especially likely to try supplements based on this appeal.*

Truth: No person goes through life without occasional aches, pains, or wornout feelings that cannot be explained. That does not mean that those aches and pains are caused by their diets.

People who promote food fads are known as food faddists or food quacks. Generally, their main interest is personal financial gain, not the health of their customers. Food quacks have many different methods of promoting their products. Often the method should make you suspect the product may not live up to the claims made. Beware:

. . . If the product is being sold door to door by someone claiming to be a health advisor or if it is promoted in public lectures by someone moving from town to town.

. . . If the "miracle" is being promoted in a sensational magazine, by a faith healer's group, or a crusading group of laymen.

. . . If the promoter tells you about the wonderful miracles his/her product has performed for others.

. . . If the product is said to be good for a large number and variety of illnesses.

Health Foods

When applied to the food we eat, the words "organic," "natural," and "health" are sometimes misunderstood and misused. All of them relate to how foods are grown and processed.

Organically grown food means food that supposedly has been grown without inorganic fertilizers. The soil in which it is grown has been enriched with manure, plant composts, peat moss, aged sawdust, garbage, or other organic materials. Plants, however, can use only the inorganic forms such as nitrates, potassium, iron, and phosphate. Organic fertilizers must be mineralized into these inorganic forms before plants can use them. In addition, some organic fertilizers may contain salmonella, the bacteria that cause a common form of food poisoning. There is no scientific evidence that plants grown under organic conditions produce foods of greater value than foods produced in the usual way.

Organically processed food means food has not been treated with preservatives, hormones, antibiotics, or synthetic additives of any kind while it is being cooked, frozen, canned, or dried.

Natural foods are those sold in the same form as they were harvested without alterations or treatments by persons. Fresh fruits and vegetables are natural; canned, frozen, or dehydrated foods are processed. Natural foods may or may not be organically grown.

Health food is the term applied by untrained health enthusiasts to refer to food that is claimed to have some special virtue in preventing, treating, and curing diseases or in providing superior health. These false or exaggerated claims are usually made in special articles or brochures advertising health foods, because it is against the law for them to be on food labels.

Prices in health stores where "organic," "natural," and "health" foods are typically sold are usually four to ten times higher than those in regular food sold in grocery stores. Why such high prices? These foods are not grown and marketed in great quantities. The volume of business may be so low that the health food store owner has to charge high prices to pay for expenses. On the other hand, the seller may be making excessive profits. The cost of growing organic food is greater, so the food must be sold at higher prices. Since the food is grown without chemical fertilizers and pesticides, the yield for each acre may be much lower than normal. Often there can be no guarantee that organic foods have actually been grown under organic conditions.

Myths About Food

It is difficult for us to know which of the many claims for "health" foods are true, which are false, and which are exaggerated. Some of the facts about foods which have had unusual health values credited to them are listed here.

1. *Claim: Yogurt is more nutritious than milk.*

Truth: Yogurt has about the same nutritive value as the milk from which is is made. However, because yogurt has a fine curd, it is digested more quickly than milk.

2. *Claim: Refined molasses is better for your health than blackstrap molasses.*

Truth: Blackstrap molasses is the final extract from sugar cane and has more Vitamin B and iron than refined molasses.

3. *Claim: Most people need the nutrients that brewer's yeast can give them; they do not get those nutrients in their regular diet.*

Truth: Brewer's yeast is a good source of the B vitamins and protein. However, the ordinary balanced diet does not need to be supplemented with brewer's yeast.

4. *Claim: Alfalfa leaves can cure some health problems.*

Truth: Alfalfa leaves are rich in carotene and some other nutrients, but the fiber content is so high that it is better for animals to eat than humans. It does not cure any disabilities.

5. *Claim: Rose hips are the best source of Vitamin C.*

Truth: Rose hips are high in Vitamin C, but so are citrus fruits and tomatoes.

6. *Claim: Seeds from natural foods will make you healthier.*

Truth: Sunflower, sesame, pumpkin, and squash seeds are relatively high in fat and have considerable fiber. However, they have no unique health-promoting qualities.

7. *Claim: Sugar is bad for you; use honey instead.*

Truth: Honey and vinegar have no special health value and few nutrients. Calories in honey are about the same as sugar.

8. *Claim: Safflower oil is a good aid to losing weight.*

Truth: Safflower oil capsules do not cause one to lose weight. They do not lower the cholesterol level of the blood. They do not improve complexion, increase resistance to colds, promote health, increase sexual drive, or cure heartburn.

9. Claim: *Refined white flour is not as nutritious as whole-grain flour.*

Truth: Refined white flour, when enriched by the addition of certain vitamins and minerals, about equals the nutritive value of whole-wheat flour.

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IV. PRESCRIPTION DRUGS

Objectives

Upon completing the activities for this section, you will be able to:

1. List five purposes drugs serve.
2. Differentiate between generic and brand-name drugs.
3. Tell why it is important to take drugs properly.
4. List things you should know to use drugs properly.
5. Describe how to get the cheapest prices on prescription drugs.
6. Name six services pharmacies may offer.
7. Tell why one needs to know the expiration date on drugs.
8. Define the following terms:

   Interact (in ter akt')--Act upon or influence another

   Precaution (pri ko' shen)--Measure taken ahead of time to avoid bad results or get good results

   Prescription (pri skrip' shen)--A direction, usually written, by a doctor to a pharmacist for the preparation and use of a medicine or remedy

Activities

1. Read pages 25-28 about prescription drugs and precautions in buying and using them.
2. List some prescription drugs you have taken, how they were taken, and any warnings the doctor or pharmacist gave you about the drug.
3. Write a paragraph telling the difference between brand-name and generic drugs. Tell why you may prefer generic drugs to brand-name drugs. How can you know if generic drugs are as good as brand-name drugs? Try to find out if someone in your family is taking a generic drug. (You may have to call the drug store and ask.)
4. Compare prices for a specific prescription drug at several different pharmacies in your area. Be sure to give the same name, strength, and amount.

5. Order a free catalog from a discount drug firm (GETZ, 916 Walnut Street, Kansas City, MO 64190) and compare the prices with the ones you found in your town.

6. Find out if your family's health insurance pays for any drugs. If so, what restrictions are there? Determine if your family has used that coverage in their insurance.

7. Look at the questions on page 26 on "Proper Use of Drugs." Answer as many of these questions as you can for the last prescription you took. How many answers were on the label? Why is it important to know the answers?

8. List ways to save money on prescriptions: what to buy, where to buy, questions to ask.

9. Discuss why expiration dates on drugs are important. Check your medicine chest to see how many labels have expiration dates. How many should be thrown out because they are old? Ask your parents if you may flush those with expired dates down the bathroom stool.

10. Check in your home to see where all prescription drugs are kept. Are they kept where they will not get damp, be reached by children, or become too hot or cold, etc.?

IV. PRESCRIPTION DRUGS

Introduction

About 35,000 prescription drugs are available. These drugs are used to

. . . determine what illness you have, as in lab tests,
. . . make you feel better, as when you take a pain reliever,
. . . prevent diseases, as when you are vaccinated,
. . . alter the way the body works, as in birth control pills,
. . . replace substances the body needs but does not manufacture, as in hormones.

The purpose of this unit is to help you be a more effective consumer when purchasing and using prescription drugs. This is important since the average family of four in the United States spends about $100 a year on prescription drugs.

Generic Drugs

One way you may save money on prescription drugs is to ask your doctor to prescribe a drug by its generic name instead of its brand name. The generic name is an official name commonly used by the scientific community and is usually a simplified word version of the chemical formula. A brand name is a registered trade name which only one manufacturer can use. After the original manufacturer's patent on the drug expires (usually 17 years), other manufacturers can copy the drug. They cannot use the original brand name, but they can think of a new brand name or use the generic name.

Manufacturers of generic drugs do not have the high cost of research, development, and advertising that the original maker had. Therefore, they can make them more cheaply and sell them for less, yet still make a profit.

Your doctor must write the brand name and add "or generic equivalent" to the prescription if he does not list the generic name. The pharmacist can then fill the prescription with any brand he has. Remind him you want the cheapest form of the drug that is the equivalent of the brand name. A generic drug that will meet your needs as well as a brand name drug may or may not be considerably cheaper than the brand name drug. Sometimes, however, brand name drugs may cost five to ten times as much as generic drugs.

Proper Use of Drugs

You should get certain information and clear, complete instructions from your doctor and/or pharmacist on the use of your prescription drugs. You need answers to the following questions and have a right to ask them.

. . . Is this drug really necessary? What is it supposed to do? What risks, if any, are involved in taking it?

. . . Are there any foods, activities, or other drugs that I must avoid when taking this drug?

. . . How much should I take? At what times of the day? Should I get up during the night to take the medication?

. . . How soon can I expect to feel better?

. . . Is the drug available by generic name? If so, can I take that just as well?

. . . Can the prescription be refilled? How many times?

. . . Should I report back to you? By phone or in person?

. . . Are there any possible side effects, such as stomach upset or headache from this drug? What shall I do if I have those side effects?

. . . Should I use all of the drug, or just take it until I feel better?

. . . Can leftovers be used another time? If so, how long does the drug stay fresh?

. . . What if I miss a dose? Should I forget it? Make it up somehow?

. . . Does "one four times a day" mean at each meal and at bedtime? every six hours? Does "with meals" mean before, during, or after?

. . . How should I take the drug? with water? with other liquid? with no liquid?

A University of Rochester Medical Center study found that 51 percent of their outbound patients were not following the instructions on their drug prescriptions. Half of these patients did not understand how they were supposed to use their drugs.

Selecting Where You Will Buy Prescriptions

The price range for a given drug can vary by 250 percent or more in the same area. Most surveys agree that prescription drugs cost least in the pharmacies of discount department stores. Chain drugstores are next cheapest, followed by independent neighborhood pharmacies. If you can take the time, call several places to check their prices before you buy. To get an accurate comparison, you will need to state the drug name, strength, and amount prescribed.

You may live in a small town that has only one or two drugstores. You can get discount drugs by mail from such places as GETZ Prescription Company in Kansas City. They have most prescription drugs at prices up to 40 percent less, but it may take several days to get them.

If you will be taking the drugs over a long period, ask if you can buy more at once. Ask how long the drug stays effective to be sure it will not deteriorate before you use it. Ask your doctor if he has a "starter" supply for you. Drug manufacturers sometimes furnish doctors with free samples.

If you are going to be using prescription drugs over a long period and in large amounts, ask the pharmacist for a reduced price. Check your insurance policy to see whether the cost is covered by your insurance. If so, do you have a deductible clause which requires that you pay the first $50 or $100 of the cost before your insurance begins to pay? Keep complete records of your drug purchases. Whatever you spend over one percent of your adjusted gross income on drugs, you can take off your income taxes if you itemize deductions.

Cost, while it is important, is only one factor in the decision of where to purchase drugs. Other factors to consider are:

- . . . Delivery service
- . . . Convenience of location
- . . . Method(s) of payment accepted
- . . . Willingness to answer the questions you want to ask about the drugs
- . . . Willingness to call the doctor for refills or additional information
- . . . All-night service or fast service
- . . . Availability of records of prescription drug expenses for income tax and insurance coverage purposes. Such records will also show if you are taking several drugs that may interact adversely.

Expiration Dates on Drugs

The Food and Drug Administration now requires prescription drugs to have an expiration date printed on the label in a prominent place. The "fresh" period generally will last between six months and five years. After that time the drug should not be used because it may be too weak. The expiration date warns users to throw away the drug at that time because it probably has "gone bad" and is not safe or effective.

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V. OVER-THE-COUNTER DRUGS

Objectives

Upon completing the activities for this section, you will be able to:

1. Define "over-the-counter drug."
2. List precautions to follow in using over-the-counter drugs.
3. List and describe safe places for storing drugs.
4. Describe precautions in using the information on drug labels.
5. List ways in which the consumer is protected against obtaining unsafe over-the-counter drugs.
6. List the major categories of over-the-counter drugs and guidelines to follow in selecting drugs from each.
7. Define the following terms:

   Antiseptic (an ti sep'tik) - Free from or cleaned of germs.

   Constipation (kon ste pā'shen) - Condition in which the bowels do not act or their movements are dry and hard

   Decompose (de kem pōz') - Break down into parts; rot

   Diarrhea (dī e rē'e) - Frequent and watery bowel movements

   Symptom (simp'tem) - Sign or indication of something (illness)

Activities

1. Read pages 31-36 to learn how to be a more effective consumer of OTC drugs.
2. Evaluate television and magazine advertisements for over-the-counter drugs. Which contain important factual information? Which were the most foolish? Which appealed to you and would make you want to use the drugs?
3. Discuss reasons you should not take two or more drugs at the same time without a doctor's permission.
4. Do you or does anyone in your family take any kind of over-the-counter drug regularly? After reading this unit, do you think there might be an alternative to this regular use?

5. Bring a variety of over-the-counter drug containers to class. Study the information on the labels. Consider the packaging. Read the label for storage instructions.

6. Check your storage of prescription and over-the-counter drugs at home. List expiration dates of all that have this information. Do you think any are too old? What might happen if you take any that are too old?

7. Display in appropriate places in your school some posters that you have made on drug safety. You might draw a series of cartoons similar to the one shown below. Award a prize to the best one.

8. Bring drug containers with child-proof caps to class. Determine which style of cap is the best. Discuss the law that requires child-proof containers. If a person could not read or had stiff joints, could he/she open the containers? If not, what should be done?

9. List the over-the-counter drugs you would select to go in a family's medicine supply. Why did you make these selections? Put a star beside the ones your family has or uses. How much do you think your family spends a month on such things?

10. Bring empty containers or labels from OTC drugs from home and tell which of the categories given on pages 28-30 each would be in.

V. OVER-THE-COUNTER DRUGS

Introduction

Nonprescription, or over-the-counter (OTC), drugs are those which you can buy without a doctor's prescription. They are not as strong as prescription medicines. They can help you feel better if you have minor symptoms of illness, such as headache, upset stomach, loose or hard bowel movements, sleeplessness, hay fever, hemorrhoids, hangover, aches and pains in muscles, or skin irritations (rash, itching, dryness, or sunburn). The average consumer spends about $20 a year on over-the-counter drugs.

Mixing Drugs

Some drugs should not be mixed with each other; many should not be mixed with alcohol. Taking two or more drugs at a time can cause some strange and sometimes dangerous results. Mixing drugs can

. . . interfere with the way medicine is absorbed by the body. Therefore, the medicine acts faster or slower than it normally would. The combination may be more or less powerful than each alone would be.

. . . make a difference in the way the drugs are carried through the body.

. . . change the way the drugs are broken down and used by the body.

. . . hold back or speed up a drug's being expelled by the body, thus increasing or reducing the effect the drug is to have.

When drugs interact in any of the above ways, it can mean a difference whether

. . . the medicine gets you over your illness or not.

. . . laboratory tests are accurate.

. . . you have side effects.

. . . you have new symptoms resulting from use of the drugs and not from your original illness.

Here are some ways you can avoid dangerous drug interactions:

. . . Tell your doctor what drugs you are taking, especially when he/she is about to prescribe more. Particularly, tell him/her if you are taking any over-the-counter medicines, vitamins, minerals, or alcohol.

. . . When taking any medicine, do not take more without getting your doctor's permission.

. . . Do not take someone else's medicine, even if you are sure you have the same ailment.

. . . Read the drug label. Heed all warnings.

. . . Be careful about taking such drugs as time-released cold capsules, multi-vitamins and pain relievers together. Take only one type at a time, unless your doctor tells you differently.

. . . If you are taking more than one drug and you become sicker or have new symptoms, contact the doctor or pharmacist at once.

Drug Storage

In order to maintain their quality, drugs must be packaged and stored in special ways. For instance, they may be packaged in a dark brown bottle for protection from the light, in a plastic bottle for protection from the air, or in a closed container for protection from moisture. All drug containers should be kept tightly closed. Most drugs should be stored in a cool, dry place. Since the bathroom is a warm, moist place, that is not a good place to store most drugs.

Drugs should be stored in their original containers. If you change the container, you may forget what they are or use the wrong instructions for taking them. If you put them in another medicine bottle, there also could be a trace of that medicine that would interact with it. That is true whether the medicine is liquid, pills, or powder.

Labels

The Food and Drug Administration is trying to make drug labels more concise and clear. Labels give information that the average consumer needs to select and take the medicine in a way that is safe and effective. Look for these kinds of information on the label:

. . . Name of product
. . . Symptoms it is to relieve
. . . Amount in container
. . . Active ingredients (look for any to which you may be allergic)
. . . Name and address of manufacturer, distributor, or packer
. . . Directions: size of each dose, how often it may be taken, and how it is to be taken
. . . Warnings: total daily usage, number of days it can safely be taken, possible side effects, any need for doctor's supervision, and other drugs that should not be taken at the same time

Carefully read the label to see if the drug is appropriate for your illness. Follow the directions on the label. If in doubt, ask your doctor.

Drug Safety

Drug safety relates to the manufacturing and use of drugs. The Food and Drug Administration is responsible for insuring that drugs are safe, effective, and clearly and uniformly labeled. It inspects drug manufacturing plants and performs tests for quality. If you buy a drug that does not seem right, contact the FDA.

Anyone who takes over-the-counter drugs needs to be cautious in using them. They should not be used regularly or for a long period of time. New labels tell you just how long this is for each particular medicine. It may be several hours to several days. Take only the size of dose recommended on the label unless your doctor states otherwise. If your problem continues, call your doctor. You may have a major illness that you are not treating properly.

In 1972 the FDA began evaluating OTC drugs to see what ingredients each contains, if those ingredients are safe and effective, if they are likely to have side effects, and which people should not use them. Results of the entire FDA study should be available soon. Preliminary information suggests that about half of the ingredients in OTC drugs are safe and effective; 20 percent are ineffective or unsafe; and 30 percent need further study.

Do not use OTC drugs that are old. Look for an expiration date on the label. If there is no expiration date, ask the pharmacist about the drug's freshness. Drugs can become weaker, stronger, or different with age. As drugs expire at home, flush them down the bathroom stool.

Some additional guidelines for using OTC drugs safely are the following:

. . . Take only the recommended dosage unless your doctor suggests more.

. . . Use only for the purpose stated on the label.

. . . Take only one drug at a time unless your doctor asks you to do otherwise.

. . . Never take a drug "just in case" or to "ward off getting . . . "

. . . Be especially careful about giving drugs to children unless the doctor orders them.

. . . Flush any unidentified drugs or medicine not in the original container down the bathroom stool. Do not just throw them away; be sure they cannot be found by anyone.

. . . In homes where there are small children, store all drugs out of their reach in a locked cabined and in child-proof containers.

Categories of OTC Drugs

There are seven major categories of OTC drugs that the typical consumer buys. Each is listed here with recommendations for selecting the best product in that category for the least money.

1. *Pain reliever for headaches, muscular aches and pains, and fever.* Plain aspirin is more effective and safer than any other drug for temporary relief of fever, pain connected with colds and flu, tension headaches, menstrual cramps, and joint or muscle aches. Regardless of the brand you buy or how much you pay, all aspirin is the same. Chemically, all are acetylsalicylic acid, and the standard amount in each is five grains.

Aspirin must be stored in a tightly closed container, since humidity causes aspirin to decompose. Decomposed aspirin tablets become off color, smell like vinegar, and crumble easily.

No adult or child should take a pain killer for longer than ten days. One of the first signs of too much is ringing in the ears and problems with hearing. Some pain killers can cause kidney damage and digestive problems. Overdoses of aspirin in young children can cause poisoning. Five-grain aspirin tablets should be cut into quarters or halves for children, instead of giving them flavored ones. You want children to know they are taking medicine and not eating something because it tastes good.

A buffer can cut down on stomach irritation sometimes caused by aspirin, but you can do the same thing by crushing the aspirin tablets and drinking a full glass of water with them.

2. *Antacid for heartburn, sour stomach, and/or acid indigestion.* Antacids are sold to ease everything from heartburn, indigestion, cramps, gas pains, and morning sickness to the "blahs," a new symptom thought up by ad writers. Under new FDA regulations, antacids can only be recommended for three specific symptoms: heartburn, sour stomach, and/or acid indigestion. Some antacids cause constipation; others may have a laxative effect. Some should be avoided by people with kidney disease, and others by those on salt-restricted diets.

Baking soda neutralizes stomach acid and relieves simple indigestion or heartburn as well as any antacid. It is cheap, powerful, and fast-acting. However, it should not be used often or over a long period of time. It can cause body fluids to become too alkaline, leading to urinary tract infections and the formation of kidney stones.

Here are some guides to help you use antacids appropriately.

. . . Never use antacids regularly for more than two weeks unless your doctor advises it.

. . . Use an antacid low in sodium if you are on a salt-restricted diet because of high blood pressure, heart trouble, or being over 60 years of age. (Avoid baking soda and antacids of a type such as Alka-Seltzer or Bromo Seltzer, which are high in sodium).

. . . Use baking soda or calcium carbonate only occasionally as antacids.

. . . Liquid antacid is better than tablets. Tablets should be dissolved in the mouth rather than swallowed whole to be more effective.

. . . Calcium carbonate gives fast action and effective results, but it tends to cause constipation and may raise calcium in the blood too much.

. . . Do not use antacids that have laxatives, sedatives, or headache remedies added. You just want something to reduce the acid in your stomach.

. . . If you have stomach upset often, as often as a few times a month for several months, see your doctor.

Three problems for which you should not treat yourself with antacids are (1) any incident of severe or continuing discomfort accompanied by sweating, weakness, or breathing difficulty (this could be heart attack), (2) any time you vomit blood, and (3) stomach pains that keep coming back time after time, even if they are not severe.

3. *Antidiarrheal drugs for watery bowel movements.* A combination of kaolin and pectin is useful for intestinal upset caused by eating spoiled food or by infection in the intestines. Drugs containing codiene or opium are more effective, but they are available only by prescription. Some medicines, such as antacids, antibiotics, magnesium contained in antacids, and Vitamin C cause loose bowels.

4. *Laxatives for hard bowel movements.* If your bowels form a hard stool or will not move for several days, first try eating high-fiber foods. The best fiber sources are whole-grain products, raw vegetables and fruits, nuts, and prunes. Fiber passes into the colon and helps form the stool. If eating high-fiber foods does not help, try a mild laxative. There are disadvantages to all types of laxatives, but the mildest bulk-producer that you can find is usually best. Never depend on laxatives for a long time. They become habit-forming. They cause the bowel lining to become irritated and the muscles to grow weak so they will not respond when the bowel needs to act.

Sometimes drugs, tension, certain foods, overuse of laxatives, and traveling cause constipation. Another cause is repeatedly ignoring the urge to go to the bathroom. Pain in the abdomen does not necessarily mean that you are constipated. You do not have to have a bowel movement every day to be healthy. Some normal people have more than one bowel movement a day, and others may go as long as a week without one and have no ill effects.

5. *Decongestant to reduce stuffiness of nose.* Cold tablets often contain something to unstop the nose, but they do not have enough to be effective. People who take decongestant capsules may have their runny or stopped noses cleared up, but the medicine may cause them to have a dry mouth, nose, and throat. This could be worse than the original malady. Decongestants can also increase blood pressure, cause side effects in patients with thyroid disease, and change the effect of insulin in diabetics.

The best treatment for a stuffy nose is probably nose drops containing ½ percent phenylephrine hydrochloride or such a solution in a liquid to be taken by mouth. Any kind of decongestant should not be used more than twice a day.

6. *Itch reliever for poison ivy or other rashes.* In tests of 34 OTC poison ivy ointments, none was better than pads of cool water and lotions containing calamine or zinc oxide. Pads of very hot water may relieve itching for several hours, but they should be used only on a small area at a time. Aspirin will relieve the pain.

7. *Antiseptic to sterilize wounds.* Rubbing alcohol is probably as effective in killing skin bacteria as any commonly used germ killer. Antibiotics, bisphenols, iodine, mercury compounds, phenols, and ammonium compounds are not as good as alcohol and are more expensive. Alcohol is less irritating and will not cause allergic reactions.

To treat minor cuts, scratches, punctures, or scrapes, first remove any dead skin, dirt, or gravel. Allow the wound to bleed freely, rinse with running water, wash the skin gently with soap and water, swab the skin around the wound with alcohol, and put on a bandage to keep out dirt and germs.

VI. DOCTORS, HOSPITALS, AND SURGERY

Objectives

Upon completing the activities for this unit, you will be able to:

1. Know the criteria for selecting a competent doctor.
2. State guidelines for being a good patient.
3. Explain what to do if a doctor bill seems excessive.
4. State the rights of a hospital patient.
5. List information you need to have about prospective surgeons, operations, and hospitals.
6. Describe the day surgery center.
7. State ways consumers can avoid unnecessary surgery.
8. Define the following terms:

   Anesthetic (an is thet' ik)--Drug that deadens pain and other sensation

   Diagnosis (dī eg nōs' es)--Identity of an illness by a medical examination

   Grievance Committee (grē' vens)--Small group of people who consider complaints

Activities

1. Read pages 39-44 to find out how to choose a doctor, be a good patient, and select a hospital and surgeon.
2. Discuss the steps a consumer can take to assure that any surgery he/she has is necessary. Do you think it is worth the trouble to take these steps? Why or why not? Why should you ask questions of the surgeon or hospital?
3. Find out if there are any group practices of doctors in your area. If so, find out who is in the group, what their specialties are, and what advantages and disadvantages there are to using the group.
4. Role play the following situations:
   a. Someone going through the process of selecting a doctor
   b. A scene with a doctor and patient in which the patient has been told he/she needs surgery
   c. A hospital patient who knows his/her rights
   d. A good patient

5. Discuss:

   a. How does a day surgery center appeal to you?
   b. If you had a choice, would you prefer going to a day surgery center or a hospital for minor surgery? Why?
   c. What things would you consider before you definitely decided?

6. Finish the following with the first thought that comes to mind:

   a. When the doctor asks me what is wrong, I . . .
   b. When the doctor talks a lingo I don't understand, I . . .
   c. When the doctor starts giving instructions, I . . .
   d. If I found out the operation I just recovered from was unnecessary, I think I . . .

   Discuss responses of class members.

7. Solve the following case studies:

   Case 1

   You have a five-year-old brother. He has had recurring ear infections for the past two winters. Now he has one again. This time, your parents take him to an ear, nose, and throat specialist, who says that the only way to really stop this is to have his tonsils and adenoids out. What should your parents do?

   Case 2

   The family doctor has determined that John's tonsils must be removed, and a consultant has agreed. John is only four years old and is scared of doctors, hospitals, and white uniforms. There is a day surgery in town, and his parents are considering taking him there. What do you recommend? Why?

VI. DOCTORS, HOSPITALS, AND SURGERY

Finding a Good Doctor

If you are unhappy with the doctor you now have, are moving to a new location, or need a special kind of doctor, you need to know how to find a good one. Someone you know in the medical field, such as a doctor, nurse, or lab technologist, should be able to make recommendations. Friends and relatives can sometimes make suggestions. A telephone call to a nearby medical school or local teaching hospital may get you names of doctors on their faculties. The county medical society may give names of doctors accepting new patients. Check with the nearest accredited hospital. Get a list of internists, general practitioners, or whatever kind of specialist you need who are on its staff as attending physicians. If you like your present doctor, ask him/her to suggest a surgeon or specialist when needed.

When you get some doctors' names, check on their qualifications. Where did each go to medical school? Where did each intern? It is usually best if the internship was in a hospital affiliated with a university.

Other questions to consider in making a decision on a new doctor are the following:

. . . Is he/she conveniently located in case of an emergency or need of repeated visits?

. . . What hours is he/she available in the office?

. . . What is the basic fee for a routine office visit?

. . . What method of payment does he/she accept?

. . . To what hospital does he/she send patients?

. . . What is his/her attitude toward giving advice over the phone?

. . . If he/she is a specialist, is he/she certified by the American Board of Medical Specialties?

You can find answers to these questions by calling offices of the doctors you are considering. Tell the receptionist you are looking for a new doctor and the reason why.

When you have adequate information to make a decision on a doctor, schedule an appointment for a checkup. This examination should take about 30 minutes to an hour. The doctor will inquire about you and your family's medical history. This is a good time to ask questions. For example, if the doctor is in practice with others, you will want to know how that affects you.

In one type of group practice, several family doctors or doctors of the same specialty work together. If your doctor is in such a group, you may not see the same doctor each time. Anyone in the group may attend you. Some people do not like this kind of arrangement. However, there can be some advantages:

. . . The charges may be lower.

. . . A doctor in the group is always available, even at night and on weekends.

. . . The doctors can easily consult with each other, which can be a benefit to you.

In another type of group practice, several doctors with different specialties work together. This practice reduces the need for having to find a new doctor for special types of illnesses you may have.

Once you have made a decision on a new doctor, get a letter from your previous doctor describing your medical problems, treatments, test results, x-rays, and copies of prescriptions. Give the letter to your new doctor for your records. It may save crucial time and a good amount of money.

Being a Good Patient

The quality of medical care you get depends as much on your being a good patient as it does on having a good doctor. Good patients report their symptoms properly, are informed, and follow directions.

In order for the doctor to diagnose your illness properly, you must talk frankly to him/her. Tell your chief complaint and the full story of your present illness. Where do you hurt? Have you had an abnormal temperature? When you became ill, what had you been doing? What have you done for your problem?

If your doctor tells you something, repeat it and ask if you understand correctly. If not, ask the doctor to make it clear in simple terms. Don't worry that he/she will think you are stupid, just taking up time, or questioning his/her judgment. Your health is more important than the impression you are making on the doctor. Many people go home from the doctor confused and worried because they do not understand what the doctor has learned about them and what he/she is going to do about it. If you know what an ailment is, you can deal with it better.

Ask the doctor when you should begin to feel better. If you are not better when you should be, or if you think that you might be reacting adversely to medication, call the doctor. If you have reason to believe you are not being treated or diagnosed properly, ask your doctor to consult another doctor.

After your problem has been diagnosed by your doctor, you would be wise to read in a good medical book about it or ask the doctor where you can get more information about it. After reading, ask some pertinent questions about your case.

Following the doctor's instructions is important if your treatment is to be successful. Sometimes patients do not follow treatment prescribed by the doctor because they do not understand what they are supposed to do or how important it is to do it. For example, in a study of 300 patients, it was learned that 18-19 percent did not take the drugs the doctor had prescribed, 19-20 percent were taking more drugs the doctor prescribed, and 17 percent were taking the prescribed drugs at the wrong time.

Quality of Your Medical Care

Here are some warning signals that you may not be getting the best medical care:

. . . You get a shot or drugs every time you go to the doctor.

. . . You keep getting prescriptions for pain, sedation, or stimulation that can be refilled indefinitely.

. . . You are taking three or more medicines even though you do not have a serious medical problem.

. . . Recommended treatment is expensive and highly advertised, even though you were not aware you had medical problems.

. . . You have to go to the hospital often to have surgery.

. . . The questions you ask are not answered satisfactorily.

Doctor Bills

If you get a doctor bill that you feel is too high, what can you do? First, voice your complaint to the doctor, giving reasons why you believe the charge is excessive. If that does not help, call your local medical society and ask its grievance committee what the usual charge is for the type of treatment you received. If the standard fee is much lower than the bill, ask the grievance committee to send you a letter to that effect. Also ask if they will contact your doctor and suggest that the bill be lowered.

You may secure additional information on usual fees in the "fees and charges" section of Index Medicus, which most large libraries have. Another possibility is to write to the American Medical Association, 535 North Dearborn Street, Chicago, IL 60610. If the information you get further confirms that the bill is too high, contact your doctor again and tell him/her what you have learned. Repeat your request to lower the bill. As a final measure, you can take your case to a small claims court.

Hospitals

You should ask certain questions when you are selecting a hospital. Selection of a family doctor may depend to some extent on the quality of the hospital to which

. . . Is the hospital certified as meeting necessary requirements for a good hospital? Your local medical society probably can answer your questions about a particular hospital. Usually a major university hospital or a research hospital is especially good.

. . . How much does the hospital charge? What is included in that charge? How much will your insurance probably pay?

Patient Rights

When you are in the hospital, you have a right to

. . . know what is going to be done, when, and how.

. . . take part in decisions about how you will be cared for.

. . . good care, whether you are paying your bill yourself or having it paid by your insurance company, Medicare, or Medicaid.

. . . quick help in an emergency.

. . . know what is on your health chart at the hospital (ask to see it while you are there, because the hospital does not have to show it to you after you leave).

. . . refuse to have any recommended treatment, tests or medicine.

. . . have your case kept private and not spread among hospital staff, doctors, nurses, medical students, interns, insurance representatives, or other patients.

. . . be discharged, regardless of whether your doctor releases you (you may, however, be required to sign a form stating that you are leaving against the doctor's recommendation and releasing the doctor and hospital from any responsibility for setbacks you suffer as a result).

Day Surgeries

There is an alternative in some areas for those who do not like hospitals and their high costs. In the United States today there are between 25 and 45 day surgery centers, most of which have been opened since 1970. They are called by various names, but their purpose is to do minor surgery quickly and let the patient go home the same day. Some day surgery centers are simple and functional, but others are luxurious. They are open during normal business hours and closed on weekends. They do such things as tonsillectomies, hernia repair, and some ear, eye, nose, and throat surgery. Some perform abortions.

Day surgeries are less expensive for surgery than hospitals. Doctors' fees are about the same as in a hospital, but the room charges are less. For example, instead of paying $400 and staying two days in a hospital, one might pay about $160 and stay a few hours in a day surgery. Doctors and patients seem to like day surgeries because the atmosphere is more cheerful than in some hospitals. There is less red tape, also. Some are concerned

that people may be rushed out of day surgery centers too fast after surgery and that cases are not followed up by trained medical personnel. So far, however, the day surgery centers seem to have been quite safe. A check made at a day surgery showed that there had been no deaths as a result of 33,000 operations.

Surgery

An American Hospital Association study reported that 14 million operations were performed in 1974. It has been suggested that 17 percent of these were not necessary. Although it is difficult to know when surgery is "unnecessary," there are cases where persons may have had surgery who really did not need it.

Why does this happen? Sometimes the number of patients admitted for surgery expands to meet the number of empty beds, operating rooms, and surgeons' time. At other times misdiagnoses are made. For example, breast cancers were recently removed from 2,500 women at the Mayo Clinic. It was later learned that 53 of those women did not have cancer. Twenty to forty percent of children have their tonsils removed, yet only 2 to 3 percent really need to have them removed. Here are some guidelines to help consumers to avoid unnecessary surgery:

. . . Have the surgery done at a hospital accredited by the Joint Commission on Accreditation of Hospitals. Such hospitals are more likely to be reputable and trustworthy.

. . . Do not encourage the doctor to perform surgery. Let the doctor use his/her own judgment without pressure or persuasion from you.

. . . Be suspicious if the surgeon recommends one of these operations that is often done and not needed: hysterectomy, hemorrhoidectomy, or tonsillectomy.

. . . Ask a second doctor to confirm the need for surgery. If you have confidence in your doctor and a second doctor agrees with the diagnosis, you probably will want to follow the doctors' advice. However, you are the one to make the final decision to have surgery.

If you decide to have surgery, there are some things you should find out about your surgeon. How often does he/she perform this operation? How often is it successful? Is the surgeon a member of the American College of Surgeons? Has he/she been certified? If so, by whom? You can get this information from the American College of Surgeons' Yearbook, Directory of Medical Specialists, or the American Medical Association's Medical Directory.

There are a number of questions you should ask about any surgery that has been recommended for you.

. . . Why do you need this surgery? What will be the result? Who are some people who have had this operation? How well did they adjust? (Talk to someone who has had the surgery if you can).

. . . Exactly what will be done? Why? (Ask for an explanation with illustrations and simple words).

. . . What are the risks involved in the surgery? Will you have to have a blood transfusion? How should you arrange for blood donors?

. . . What tests will be run before the surgery? What will they reveal?

. . . Will you be put to sleep or given a local anesthetic? What are the possible side effects and risks? Who will give the anesthetic? What will it cost?

. . . How long is it likely to take to recover? Upon recovery, will you be restricted in any way? How long will it be before you can go back to work or to school? drive a car? play ball?

. . . What could the mental effects of the surgery be?

VII. PROVIDING AND PAYING FOR HEALTH CARE

Objectives

Upon completing the activities for this section, you will be able to:

1. Recognize that health care costs are increasing rapidly.
2. Explain why health care costs are rising so fast.
3. List what can be done to hold down health care costs.
4. Describe the three basic kinds of health insurance.
5. Define Medicare and Medicaid.
6. Describe the concept of national health insurance.
7. Describe the health maintenance organization concept.
8. Define the following terms:

Coinsurance (kō in shoor' ens)--Insurance whereby the policyholder pays part of the loss (usually about 20 percent) and the company pays the rest

Comprehensive (kom pri hen' siv)--Covering or providing broad protection against loss

Deductible (di duk' te bel)--An insurance clause whereby the policyholder pays a specified amount (usually $100 to $500 of the loss covered before the company pays the remainder)

In-Patient (in'pā shent)--Person who is treated, housed, and fed in the hospital

Medicaid (med' e kād)--U. S. government program paid by taxpayers for poor people to have hospital and medical care; covers all ages; benefits vary from state to state

Medicare (med 'e kār)--U. S. federal program of hospitalization and medical insurance for persons 65 and over, paid for with payroll deductions for Social Security taxes

Out-Patient (out' pā shent)--Patient who is treated at a hospital, then dismissed to go home instead of taking a room at the hospital

Activities

1. Read pages 49-52 about rising medical care costs in the United States.

2. Discuss rising costs for eye and teeth care, hospitals, drugs, doctors' visits, surgery, tests, emergency room, etc. Look for articles in newspapers and magazines on health care costs and bring them to class.

3. Role play the following people who are paying out more and more money for health care: Medicare patient, taxpayer, insurance owner, employer. Why are you interested in bringing costs down? What can you do to help? How can other groups help?

4. Invite someone in the health field to talk to your class about health care costs. It could be a nurse, doctor, hospital worker, lab technician, pharmacist, or drug store owner.

5. Check with your parents to see whether they have had any medical expenses in the last few months. Did they notice an increase in costs over earlier medical care? For what kinds of medical care did they pay more?

6. Read pages 52-54 about insurance for health care and medical expenses.

7. Check the listing of television shows for this week to see whether any will be shown that discuss health care or its costs. If so, try to watch the show. If it is not possible for everyone in the class to watch, assign someone to tape record it and bring the tape to class for everyone to hear.

8. Study an insurance policy. What does it cover? What are the restrictions? Can you understand the language?

9. Interview your parents or other consumers about their health insurance.

   a. Is it a group or individual policy (A group often includes employees of a company or members of a club)?
   b. If it is a group, what group?
   c. Who pays the premiums--the consumer or the company?
   d. Who does it cover?
   e. What expenses are covered?
   f. What conditions must exist before the policy pays those expenses?
   g. How much will the policy pay on one claim?
   h. How long do you have to wait before benefits start?
   i. When was the last time it paid for an illness? Were you satisfied with the payment?
   j. Do you have more than one policy? If so, why?
   k. Under what conditions can the insurance be canceled?

10. Analyze the following case problems.

    a. Bill has had pains in his stomach for about three months. The doctor said that it appears to be ulcers and gave medication for this. After ten days of taking the medicine, Bill is a little better, but not much. The doctor says it could be his gallbladder, appendix, or kidneys. The next step will be tests to find out. He can do this on an out-patient basis, but Bill does not think his insurance will cover the tests unless he spends the night in the hospital. What should Bill do?

    b. Tina is a 19-year-old secretary just employed by a large firm which will pay half the cost of a group health insurance policy for her. She is still covered by her parents' policy, but will not be when she reaches age 20 in three months. However, if she refuses to enroll in the company insurance policy plan now, she will not be offered the coverage again for a year. She is seldom sick and feels that she needs every penny she makes to live because her parents have no extra money to help her. What should Tina do?

    c. Glen is a bachelor who will be 65 in two months. If he wants Medicare, he must pay a monthly premium of $63 for the hospital insurance and $8.20 for the medical insurance because he has not paid into the Social Security system long enough to get Medicare free. At his physical examination last year, the doctor pronounced Glen "fit for your age; you do not appear to have any major medical problems." Glen plans to continue working at his job as a part-time janitor and will receive $300 a month. He has interest income of about $100 a month from bonds he inherited. He owns a small home valued at $20,000. Should Glen participate in the Medicare program?

11. Discuss National Health Insurance.

    a. What are advantages and disadvantages of our present health care system? In what ways could it be improved?
    b. Under a National Health Insurance system, should the patient have to pay anything for health care costs? If so, how much? What should determine how much the patient pays?
    c. How much do you think National Health Insurance should cost each taxpayer each year, if the entire cost is to be taken from taxes? Do you think that amount would be more or less than the average taxpayer now pays for insurance and health care?
    d. Who should pay for health care under National Health Insurance? Taxpayers? Employers? Patients?
    e. How might National Health Insurance affect jobs of people in the health field? Hospital beds needed? Drugs sales? Health of individuals?
    f. Do you think free health care would increase or decrease the desire to "heal yourself?" Would it increase or decrease the number of visits to the doctor and hospital for each person? Why do you think so?

g. How do countries who now have National Health Insurance pay for it? How does it work? Do research in the library to find out about National Health Insurance in such countries as England.

h. See if you, as a class, can write a better proposal than either of the two discussed in your reading.

12. Talk to some people on Medicare and ask if they get more or better care with Medicare than without it.

13. Invite someone from the county health department or Social Security Administration to talk about Medicare, human services, and health clinics. Or, get brochures or films on Medicare and Medicaid. Read and discuss them.

14. Read pages 55-56 on health maintenance organizations and other forms of medical care.

15. Find someone who is or has been a member of a Health Maintenance Organization (HMO). Have him/her compare that membership with health insurance. How good is the care? What services are offered? How do membership fees compare with insurance premiums? Does he/she receive as much care as needed? How much time is involved in using the care, as compared with regular care under an insurance plan? Do you think you would rather belong to an HMO or go to the doctor as you do now? Why?

16. Write to the Group Health Association of America, 1717 Massachusetts Avenue, Washington, DC 20036, and ask for information on Health Maintenance Organizations.

17. Read page 56 again on alternatives to traditional health care. Which are available in your community? Discuss them (where they are, what they do, who can go) or invite personnel from them to speak to your class.

VII. PROVIDING AND PAYING FOR HEALTH CARE

Rising Health Costs

The average price of all items bought by consumers doubled in the ten years from 1967-1977. During this same ten years, health care costs increased by about 2 1/2 times. Physicians' fees increased faster than the average for medical care, but fees for dentists, eye doctors, and drugs were not as high as the average. Hospital costs almost tripled!

Hospital costs are now increasing at the rate of 12 percent a year: 8 percent of the increase is due to inflation, 3 percent to new equipment and techniques, and 1 percent to more patients. Hospitals provide more complex and expensive care than they did 20 years ago. Some people now live that before would have died. Others have more days free of pain and suffering. We have more aged people in society, and they require 2 1/2 to 3 times more medical care than younger people.

Hospitals must have beds, employees, and laboratory equipment available for their patients. To pay for themselves, all must be used. However, in the United States today we have an estimated 130,000 unneeded hospital beds. Some of them are empty. Some hold people who could be getting well in nursing homes or in their own homes. Others are occupied by people admitted on Saturday or Sunday who will receive no care until Monday. One out of four beds holds a patient who is "in for tests" because the insurance company would not pay if the tests were done in the laboratory and the patient sent home.

In 1978 the average daily charge for five major hospitals in Knoxville, Tennessee, was $172, including room, tests, medicines, and related costs. This charge does not include costs of surgery or doctors' visits. A survey of 250 doctors in the area revealed that, on the average, doctors could correctly answer only about 5 out of 25 questions on health costs. Most doctors did not know how much the drugs, treatments, tests, and hospital care they order for their patients cost. They did not make decisions from an economical point of view.

Consumers contribute to rising prices by failing to see the doctor when they should--some go when they are not really sick, and others wait too long and get sicker. People also ignore safety devices on automobile, equipment, and appliances, which results in unnecessary accidents and injuries. They also expect the best care available and as much of it as they want.

Everyone who pays for health care is interested in holding down costs --taxpayers, employers, government, and insurance companies. Probably the reason consumers have not complained more loudly about rising costs is that when the actual bills come in, we pay only about 10 percent. The other 90 percent is "already paid for" when we paid taxes to the government or premiums to the insurance company. We think we are "getting our money's worth" out of our insurance and taxes. We forget that when insurance companies and government pay out more, they must take in more by raising insurance premiums and taxes.

Who Pays?

People covered by health insurance must pay premiums that have been increasing by 15 percent and more a year so that their companies can collect enough funds to pay for their illnesses. The average health insurance premium in 1978 amounted to about $36 a month for an individual on a group policy and $60 a month for an individual with a private policy. For a family, the average was $96 for a group policy and $160 for a private policy.

Medicare, the government-sponsored health insurance program for senior citizens, is paid for by Social Security taxes. Social Security taxes recently rose, partially due to higher medical costs. The 1978 Social Security tax rate was 6.05 percent of the first $17,700 an individual earned. Employers match the payments of their employees to Social Security. Of course, only a part of these taxes go for Medicare. Medicare patients now pay the first $160 of their hospital stay.

Taxpayers pick up the tab for Medicaid for poor patients. When the government first started Medicaid in 1966, it expected the costs to be $1.5 billion for that year. Instead, it cost $3.5 billion that year; in 1978 the bill ran $19.1 billion.

Sometimes employers pay part or all of these costs for their employees; when they do, they consider it a part of the cost of hiring those employees. If they did not pay such high insurance premiums, employees would probably get higher wages. Insurance companies keep part of the premiums for administrative expenses and profit, but about 90 percent goes to pay health care costs of policyholders.

What Can You Do?

Here are some guidelines that will help hold down health care costs.

. . . Take care of yourself. The average American lives 72 1/2 years. How long will you live? Will you have a healthy, energetic life--or one that is sickly and sluggish?

Two investigators followed almost 7,000 adults for 5 1/2 years to find the answer to long life and good health. They found that state of health and length of life can be improved significantly by following these seven basic health habits:

Three meals a day at regular times instead of snacking
Breakfast every day
Moderate exercise at least two or three times a week
Seven to eight hours' sleep a night
No smoking
Moderate weight
No alcohol or only in moderation

There was a difference of 30 years' life expectancy between persons who broke all seven rules consistently and persons who kept all. Many respected health authorities would also add to the above habits:

Personal hygiene and cleanliness
Proper handling of food
Ability to administer first aid
Good mental attitudes
Observance of safety measures
Proper care when sick
Regular medical and dental supervision and care, correction of remedial defects, and immunization against preventable diseases

. . . When you are sick, ask your doctor to explain what is wrong in a way you can understand. What is the probable cause? What can you do to get well (take medicine as instructed, restrict activity, apply treatment, etc.)? Look for additional information at the library or in a good medical book.

. . . Keep hospital care to a minimum. If you must enter the hospital, wait until after the weekend or a holiday. Little will be done until the full hospital staff is working and laboratory and diagnostic tests are completed. Where possible, have X-rays, tests, or treatments done on an outpatient basis. Don't stay in the hospital, hoping that the insurance company will pay. Ask for minor surgery to be done at the doctor's office or in a day surgery. Hospital emergency room treatment costs $75 for the same thing your family doctor might do in the office for $20.

. . . Use a family doctor, rather than specialists or surgeons. Discuss fees. Tell the doctor you are interested in keeping costs as low as possible. Pay your bill immediately. The fee may be lower if the doctor knows you will pay now. It saves time and money if you do not have to be billed.

. . . When you can, consult with the doctor by phone. Don't ask him or her to come to your home. It will probably cost twice as much as going to the office.

. . . Stay away from miracle medicines, unprofessional equipment, and quacks. There are few genuine cures that the medical industry doesn't know about.

. . . When drugs are prescribed, ask if you can use generic ones. Know how and when to take them, and do exactly as instructed. Understand what you are taking, why, what side effects are possible, and what mixtures to avoid.

. . . Don't ask for needless laboratory tests "just in case." Don't ask for an operation. Don't ask if you can go to the hospital. Your doctor is the one to decide these things.

More people go bankrupt because they cannot pay their medical bills than for any other one thing. When some people do not pay their bills, those charges must be paid by others. Hospitals must at least break even, or they cannot stay in the business.

Health Insurance

Health insurance is to help you pay bills resulting from sickness or accidents. About 15 out of every 100 people go to the hospital every year, staying an average of eight days. You are probably covered by your parents' policy, but this normally ends when you reach age 19 to 21.

These are questions you should ask before buying health insurance.

. . . What expenses are covered? Under what conditions are they covered? Some policies pay only if you are a patient in the hospital. If you are treated at a doctor's office, emergency room, or laboratory, you pay the bill yourself. You also usually pay for minor illnesses, preventive medicine, eye glasses, dental care, medical appliances, and drugs outside the hospital.

. . . How much will the policy pay? Usually advertisements and salesmen tell what is the most you can receive. What you actually get may be much less.

. . . Will benefits start immediately, or is there a waiting period? If you had an illness before you bought the policy, you may not be able to collect on it at all, or you may have to pay premiums for several months first.

. . . Can the company cancel the policy without your approval?

. . . Does the policy add coverage to what you already have, or does it cover the same thing?

. . . Is the company licensed in your state? If it is and you have a complaint against it, the state insurance commissioner can help you.

No health insurance policy can cover all risks. If it did, you could not afford it. All policies carry limits on the amounts of care covered (number of days in the hospital or number of doctors' visits), types of care covered (type of hospital room, laboratory work, and other hospital services), and total payments. Most people buy policies that cover basic costs for hospital, surgery, and serious illnesses such as cancer, heart attack, and stroke. They pay small, ordinary medical expenses out of their budgets--visits to doctors' offices, vaccinations, dental work, glasses, and prescription medicines.

There are a variety of types of health insurance. Three major types will be discussed.

Hospital insurance pays stated amounts for room, meals, laboratory tests, drugs, normal nursing services, and use of operating rooms while you are in the hospital. Private room, blood, and television may not be included.

Surgical insurance pays charges for performing surgery, including care before and after operation. Anesthesia may or may not be covered. Maternity benefits are usually paid after a wait of nine months if you have a family policy. Medical, X-ray, and laboratory fees in connection with surgery are also usually paid.

Major Medical insurance is for serious, major, long-term illnesses such as cancer, heart attack, and stroke, or for cumulative costs of minor illnesses. It covers more than hospital or surgical.

Major Medical usually pays only after hospital and surgical insurance have been used up. Often there is a coinsurance clause whereby the patient pays about 20 percent of the costs and the insurance company pays the other 80 percent. There is also usually a deductible. That is, after other insurance has paid for the first several days of illness, then you must pay the first $100 to $500 of the rest of the bill before a major medical policy pays. Benefits are stated in terms of total cash payable, usually from $2,500 to $250,000.

Loss of income insurance pays you an income while you are sick. This insurance is primarily for those who will not be paid by their employer while off work.

Group insurance policies are available to all employees of a specified company or members of a certain association, even those who are sickly and not eligible for individual policies. Usually you can enroll only at the time you join the group, when the policy is agreed upon, or at certain "open" times. When you leave the group, you must get other coverage. Group insurance is nearly always cheaper than individual policies.

Comprehensive service programs provide medical services through clinics. They pay to prevent illnesses. Most have limits on the total amounts of service. Care is limited to certain staffs and facilities.

In deciding what type and amount of insurance to buy, think about the chances that you will need various coverages. How much can you pay without straining your budget? Is the cost reasonable for what you get? What if you miss paying a premium? Will you be dropped at a certain age? Your policy probably will not pay in these cases: (a) you are covered by another plan for the same illness, (b) you can receive workmen's compensation, (c) you are in a government hospital, (d) you have surgery to improve your appearance (unless you are disfigured in an accident, or (3) your charges are not covered in the policy.

Medicare is a government-sponsored health insurance program designed for U. S. citizens who are 65 or older. It has two parts: (a) hospital insurance that pays for care in the hospital and some care after leaving the hospital, and (b) medical insurance that pays for doctors' services, services outside the hospital, and other items not covered under the hospital insurance. In 1979, Medicare patients entering the hospital must pay the first $160. After that, Medicare pays 80 to 100 percent of the reasonable charges for covered medical expenses. People who get Social Security or railroad retirement benefits pay no fee for Medicare coverage. Others can get the insurance for a monthly fee. Supplementary policies are available to pay for what Medicare does not.

Medicaid pays health care costs for certain groups of needy people, including families on welfare. Medicaid is paid for by American taxpayers. Benefits vary from state to state. Contact the office of your local Department of Welfare for additional details.

National Health Insurance

Health care is considered a basic human right by many. It is likely that the United States will have some kind of National Health Insurance (NHI) plan within a few years.

NHI is not a different way to provide medical services but a different way to pay for them. The chief benefit is that everyone will get sufficient medical services. Remember, though: There is no free lunch! That is, everything must be paid for by somebody. If the government pays for our medical care, you and I must first pay taxes. The government gets most of its spending money from Social Security and individual income taxes. The poor, elderly, and sickly will benefit most from NHI.

Several NHI bills have come to Congress. They range from a proposal for the government to pay all costs from taxes to a proposal similar to our present system. To finance the system, employers and employees would continue paying their usual health insurance premiums. However, the government would increase the amounts it pays. Poor and elderly consumers would have needed health care, yet would pay less than they do now.

A second plan for NHI requires employers to provide health care coverage for their employees. Many employers already do this. About 10 percent of all employees are still not covered, and another one-third do not have enough coverage. If employers cover workers through private insurance companies, the government would not cover them. Supposedly insurance buyers would put pressure on the system to hold down costs. Also, the system would not be centralized as it would be if the government were paying for all health care.

Consumers Union, an independent, non-profit consumer organization, has proposed five goals for a National Health Plan:

1. Everyone who needs health care should be covered.

2. The patient's income should have no relationship to the quality of care received.

3. Those able to pay more should do so, and the public should know how much is paid.

4. The plan should encourage efficiency, control quality and cost of services, and stimulate new and better health care systems.

5. Consumers should have a voice in managing the program, and administrators of the program should be accountable to the public.

Health Maintenance Organizations

Under the traditional health care system, a patient is treated and then billed for each specific service received. With Health Maintenance Organizations (HMO) every member prepays a fixed monthly fee, regardless of how much care he/she will need. These health care plans provide comprehensive (broad) medical care, including such things as minor surgery, dental services, prescriptions, pregnancy care, and psychiatry. They give preventive as well as emergency care.

HMO doctors are on a salary. They get no more money if their patients are operated on or have special tests and treatments than if they do not. They do not have the same incentives as fee-for-service doctors who are paid from each operation, office call, or service. In larger HMO clinics, patients can be held for careful observation, diagnosis, and surgery for which most doctors in traditional health care systems would put them in the hospital. Members may also stay out of the hospital more frequently because their prepayment encourages them to take advantage of preventive services that help them stay well, such as chest X-rays, routine rectal exams, blood tests, checkups, immunizations, and well-baby examinations. Members also benefit from education and counseling programs. Part of that may be due to HMO doctors having peer pressure to keep down unnecessary hospitalization.

Members of HMO's use the hospital about 40 percent less often than patients who go to fee-for-service doctors. HMO members have other advantages. Their doctors talk together, practice as a group, and refer patients back and forth. There is periodical review of case records among the doctors to determine whether prescribed diagnosis and treatments have been appropriate. Central medical records are kept on every patient, giving broad knowledge of all other diagnosis and treatments, including drugs, X-rays, and lab tests.

Although HMO's are rated well on quality care at low cost, they have some drawbacks. It is hard to establish a good relationship with the doctor sometimes since the patient does not always see the same one. Some patients feel that payment in advance weakens the incentive of the doctors to give the best care. While only 1.6 percent of Blue Cross/Blue Shield patients were dissatisfied with their relationship with their doctors, 8.9 percent of HMO patients were not satisfied.

More HMO patients were also unhappy about the time it took to get to their appointments, wait at clinics, and get information about their problems. A study showed that poorly educated members made fewer visits to HMO doctors than they had to their former doctors. Highly educated members used HMO's more often.

For some, HMO's are a desirable alternative to the fee-for-service system. Others are more satisfied with the traditional system. For more information on Health Maintenance Organizations, write to the Group Health Association of America, 1717 Massachusetts, N.W., Washington, DC 20036.

Other Alternatives

In addition to Health Maintenance Organizations, there are other organizational alternatives to traditional health care.

Community health centers provide broad health services to urban and rural areas which do not have enough medical professionals to handle the patient load. Usually, a person must live within a certain area to qualify. A patient pays according to the size of his or her income.

Family practice centers are established for the basic purpose of training young doctors in the new specialty of family practice. Payment scales vary.

"Free clinics" rely on volunteer professionals. They may not offer full care for every kind of illness. There are no requirements for being eligible to use them. No one is turned away. Those who can afford it contribute some money for their care.

Hospital outpatient departments are of highest quality if they are connected with a medical school and/or are accredited. Some have rules about where consumers must live and incomes of consumers that make them eligible for treatment. Payment varies among the programs in operation.

Well-baby clinics are operated by the Public Health Department.

TEACHER'S SUPPLEMENT TO HEALTH CARE UNIT

First Day: Have students start reading newspapers and magazines and clipping health care articles. Read table of contents and glance over activities with them so they can know what to be looking for.

Teachers: Order catalog from Getz Prescription Company, 916 Walnut Street, Kansas City, MO 64199, to make drug price comparisons.

Numbers on the left for each paragraph below indicate the page and activity to which the additional suggestions given refer.

THE CONSUMER AND HEALTH CARE

1-2 Have students make about 10 questions. Share them with the class so they can get ideas from one another. They might find interviewees at a nursing home or they might interview relatives. Other questions: Who deserves the credit for your good health? How do people shorten their lives?

1-3 Other health care costs that might be mentioned include: health insurance premiums, vaccinations, medicine (OTC and prescription), vitamins, food supplements, surgery, bandages, vaporizer, heat pad, tooth filled or straightened, exercise equipment, diet food, toothpaste or brush.

1-8 Ability to work, learn, or play better
Look better to yourself and other people--right weight, good color, well-proportioned
Costs less to be healthy than sick
More time to do things; don't waste time being sick
More fun to be with
Won't make others sick by infecting them

2-7 Students need to be prepared with sales ticket, date and place of purchase, clear statement of complaint, what they want done about it, why they think this should be done. Complain first to sales clerk then manager, then store executive, then manufacturer, then government or consumer agency. (You stop when you get redress, of course.)

2-8 Unhealth life: smoke; drink; drugs; sedentary indoor life; eating lots of salt, sugar, and fat; over- or under-eating; worry
Healthy life: balanced diet from four food groups; invigorating exercise at least three times a week; 8 hours of sleep nightly; good health habits (brush teeth, bathe, wash hands, avoid contact with contagious persons); regular medical checkups; follow doctor's advice; be cautious about taking medicine

2-10 Ask FDA for a film if you can't get the person.

2-11 Warn students a day ahead to talk with other members of the family to see if they had a real problem with allergy to cosmetics, spoiled food, or drug reactions.

TEACHER'S SUPPLEMENT

2-12 Start saving articles. Look in magazines listed in bibliography. See what your school and town libraries have. Find out what FDA has done.

2-13 Have students review the bottom of page 5.
- a. Local health authorities
- b. US Dept. of Agriculture
- c. State Board of Pharmacy
- d. US Dept. of Agriculture, but you probably don't have a valid complaint.
- e. US Dept. of Agriculture

2-14
- a. Drug Enforcement Administration; US Dept. of Justice
- b. FTC
- c. EPA
- d. EPA
- e. FDA

DIET AND NUTRITION

6-3 Discuss: How does the interviewee account for success or failure? How do class members account for it?

6-4 Ask such questions as:
- a. How much does it cost to join? To remain a member? Do you have to buy anything?
- b. Are there restrictions about who can join?
- c. Can you give examples of those who have succeeded?
- d. What are the most beneficial things members do to lose weight? Could a person do this alone at home?
- e. Can you give examples of failures? Why did these fail?

6-5 Reasons clubs may be better:
- a. People are more likely to lose weight when they are in competition with others or are encouraged by others.
- b. One "loses face" when pounds are gained; is praised when they are lost.
- c. The reducing program is usually based on diet, exercise, and encouragement from others, rather than "miracle" drugs, fad diets, and reducing devices.

6-8 Suggested types of menus are:

Expensive: beef, pork, shellfish; out-of-season fruits and vegetables; rich desserts; higher-priced convenience foods; expensive vegetables and fruits (asparagus, Brussels sprouts, grapes, exotic fruits), non-wheat breads, snack foods

Inexpensive: non-fat dry milk, eggs, dry beans, peanut butter, poultry, home-cooked cereals, in-season or cheap fruits and vegetables (cabbage, carrots, greens, potatoes, spinach, oranges, apples, bananas)

TEACHER'S SUPPLEMENT

ADDITIVES, SUPPLEMENT, AND HEALTH FOODS

12-2 Purposes additives serve:

a. Add nutrients - Eg. prepared cereal, enriched bread
b. Give flavor - Eg. balogna, boullion
c. Preserve food - Eg. salt cures bacon and ham; BHA & BHT preserves candy (Bring in food labels and look on those for preservatives.)
d. Keep texture - Eg. Alum in pickles; sodium hexametaphosphate in marshmallows
e. Give color - Eg. orange in oranges; red in marachino cherries
f. Control acidity - Eg. citric acid in RC cola and salad dressings

Natural additives are grown in food and extracted from them to be put in other food. Synthetic additives are made in laboratories. The body reacts the same, whether additives are natural or synthetic.

12-4 Dangers of putting additives into foods:

a. Some cause cancer
b. Some additives are poisonous in large amounts
c. Individuals may be allergic to some
d. Flavor, texture, color, or acidity may be adversely affected

Dangers of leaving additives out of foods:

a. Food is less attractive if off-color.
b. Food spoils faster if preservatives are left out.
c. Food is not as tasty when flavors, acids, maturing agents, and spices are omitted.
d. Food is not as healthful if nutrients are not added.
e. Food does not "taste right" if texture is limp when it should be crisp; grainy when it should be smooth; separated when it should be homogenized.

People are afraid of additives because of the dangers listed above.

12-5 Unless you are deficient in certain vitamins and minerals, "health" foods, vitamins, minerals, and other supplements cannot "cure" a person of anything. Usually you need to see a doctor and take tests to determine deficiencies.

12-6 Ask the health food expert:

What things are sold in health food stores?
Why do people need these things?
How do costs compare with food in the supermarket?
Why do you feel that "natural" foods, and vitamins are better than synthetic?
Explain the difference between ordinary and health foods.
Why do people who eat natural and health foods also need to take vitamins and supplements?

12-8 Organically grown - Grown without chemical fertilizers such as 2-4D; with living plant or animal fertilizers, such as compost
Organically processed - Not treated with preservatives, hormones, antibiotics or synthetic additives while being cooked, frozen, canned, or dried.
Natural food - Food sold in the same form as harvested; not canned, frozen, or dehydrated.
Health food - Food that has a special virtue in preventing, treating, and curing diseases or in providing superior health.

TEACHER'S SUPPLEMENT

PRESCRIPTION DRUGS

20-3 Generic drugs are "copies" of the original. The drug name is one commonly used by chemists or manufacturers. Brand name drugs may be manufactured by the drug company that originated (researched and compounded) them or they may be copies of the original drug, but have the brand or trade mark of the manufacturer instead of the common name. Eg: Jello is a brand name of gelatin dessert. Bayer is a brand name for aspirin. Aspirin is the generic name. Acetylsalicylic acid is the chemical name.
You may want generic drugs because they are cheaper. You may get them by asking the doctor to write the generic name on the prescription or to write "or equivalent" on the prescription.
Generic drugs are inspected by the FDA for strength, freshness, and ingredients just like brand names. The real test would be whether your illness is cured.

20-7 You should know the answers to these questions so that you will take what you should as you should to get well and not have adverse reactions or waste money and time getting well.

20-8 What to buy: cheapest form of the prescribed drug--probably generic.
Where to buy: where drug costs least, yet needed services are available (delivery, drug record, convenient location, trusted pharmacist who answers questions clearly and correctly, service available when drug is needed).

20-9 Expiration dates are important because drugs may change chemical composition; become too weak or too strong. Such drugs could cause adverse reactions, rather than making you well.

20-10 Read on the label how drugs should be stored.
Some should not get too hot; others should not get too cold.
Some should be stored in the dark--usually are in brown bottles.
Some should be kept dry.
Some should not be exposed to air; keep lid on.
Store only in original container; not container of another drug.

OVER-THE-COUNTER DRUGS

25-3

a. They may not make you well.
b. Tests may be inaccurate.
c. You may have side effects.
d. You may get symptoms from the drugs

25-4 Most people should not regularly use
Laxatives
Pain killers
Antacid
Decongestants

TEACHER'S SUPPLEMENT

25-6 Drugs that are too old may not make you well; they may make you sick. If drugs look, smell, taste or feel different than when you bought them, they may be too old.

25-7 Drug posters may include these ideas:
a. Don't take expired drugs.
b. Take drugs properly. (Recommended dosage, times, purpose)
c. Store drugs properly and away from children.
d. Do not mix drugs without your doctor's permission.
e. Read drug labels.
f. Flush away unused prescriptions or old drugs.

25-8 The hardest container for students to open may not be best. How hard would it be for a young child to open? For a person with arthritis? Omit "Discuss the law that required child-proof containers." The law is not given in this material.

25-9 Lists of OTC drugs should include
a. Pain reliever for headaches, muscular aches and pains, and fever
b. Antacid for heartburn, sour stomach, and/or acid indigestion
c. Antidiarrheal drugs for water bowel movements
d. Laxatives for hard bowel movements
e. Decongestant to reduce stuffiness of nose
f. Itch reliever for poison ivy or other rashes
g. Antiseptic to sterilize wounds
Note: Not every family would need all of these. Some would need additional OTC drugs, but ask for good reasons why.

DOCTORS, HOSPITALS AND SURGERY

31-2 Steps a consumer can take to be sure surgery is needed are listed on page 38. Also, one should get a second, and sometimes third, opinion. It is worth the trouble to take these steps if you avoid needless pain, expense, time off work or school, loss of body organ, and drugs. Ask questions so you will know what to expect and not be afraid, expect too much, or impatient to get well sooner than is reasonable.

31-3 There are two or more group practices in the Knoxville area:
U-T hospital group
Ft. Sanders hospital group (obstetricians)
Have students ask family, nurses, and doctors for others

31-5 Day surgery should appeal to those who have low insurance benefits, don't enjoy hospital stays, and need minor surgery.
Hospitals may appeal to those who "want to be sure they have the best," enjoy being sick and waited on, have most hospital expenses paid by insurance or government, have no one at home to care for them while they recuperate.
A Day Surgery is being proposed for Knoxville by an anesthesiologist. It was disapproved, then approved, and now appealed. Hospital administrators are against it, saying it is not needed and would take their business. Twenty-five doctors have said they would use it. Keep up with the news of this Day Surgery and discuss it in class.

TEACHER'S SUPPLEMENT

PROVIDING AND PAYING FOR HEALTH CARE

39-2 Medical costs are rising because
- a. Government employers and insurance are paying most health costs and people do not "feel the pinch" at the time they receive care.
- b. People demand the best when it comes to their health.
- c. Health care people must be highly educated to use expensive, new machines and technology; minimum wages have gone up for hospital aids.
- d. Doctors over-prescribe to avoid malpractice suits.
- e. Hospitals and doctors tend to "keep the beds full" and "equipment in use" as much as possible.

40-7 Your educational or UHF station would be most likely to have health care shows, but others sometimes do, too.

40-9 You might bring your own policy, call a health insurance company for one, or use the teachers' group policy. Some insurance companies have booklets for your class.

40-14 Try a symposium, panel, or just discussion if the class is not up to a debate.
- a. Advantages of present health care system:
  1) When people have to pay part of the cost, they are less likely to ask for unnecessary health care.
  2) Most people now get the care that they need, and it is good care.
  3) Medical professionals seem happy with the present system.

  Disadvantages of the system:
  1) It is expensive and getting more so.
  2) Unnecessary surgery is performed; unnecessary medication given; inadequate instructions for health care are sometimes given; unnecessary tests are recommended.
  3) Not everyone has access to good medical care.
  4) There is a shortage of general practitioners
- b. If the patient pays little or nothing, he will ask for more care than he needs. Costs would soar. Somebody has to pay. Amount to be paid by patient may be determined by income, expense of care, seriousness of illness.
- c. According to a report on Negative Income Tax, where people who do not EARN a certain amount of money are given that amount of money by the government, it was learned that people will not work if they will be paid without working. People would have less incentive to keep well or make themselves well at home if someone else is paying the bill. This has been true with Medicare and Medicaid patients--they demand more and better medical care if the government is paying than they do if they pay themselves.

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Consumer Survival Kits. Maryland Center for Public Broadcasting, Owings Mills, MD 21117. (Outstanding booklets of around 25 pages each by several contributing authors on the following subjects at $1 each)

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"Dental Care"
"Prescription Drugs"
"Hearing"
"Family Health"
"Nutrition"
"Physical Fitness"
"Mental Health"
"Skin Care"
"Over-the-Counter Drugs"
"Medical Insurance"
"Doctors and Surgery"

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The Medicine Show. Editors of Consumer Reports, Consumers Union, Mount Vernon, NY, 1976. (384 pages give practical guides to some everyday health problems and health products at about $2.95)

Survival Tactics. James G. Driscoll. Dow Jones Books, Chicopee, MA, 1973. (How to copy with the pressure of today's living, 253 pages at $2.95)

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"Alcohol and You." (28 minutes, color, jh, hs, $12) Documented treatment explores social pressures and drinking habits that can lead to becoming alcoholic.

"Alcohol Problem: What Do You Think?" (1973, 18 min. jh, hs, color, $6) Creates awareness of alcohol as a widely used and abused drug.

"Curious Case of Vitamin E." (30 min., hs, B & W, $8) Examines all general interest aspects of Vitamin E.

"Drug Abuse: Everybody's Hand Up." (14 min., jh, hs, color, $3) Designed to heighten awareness of, concern with, the problem of drug abuse.

"Drugs and the Nervous System." (18 min. jh, hs, color, $7) Explains how drugs affect many different parts of the body by working indirectly on the nervous system. Aspirin is used to illustrate.

"VD Questions, VD Answers." (1972, jh, hs, color, $4) VD can be cured in most cases simply and with relatively little pain, but VD is not cured in many instances.

"Wild Cell." (28 minutes, 1969, hs, color, $12) Cancer is a mystery. Clues are being gathered by scientists.

The following films are available from Knoxville-Knox County Public Library, 500 Church Avenue, Knoxville, TN 37902: (Free)

"Breath of Life." (16 min. color, jh-ad) Shows the importance and technique of mouth-to-mouth breathing. Basic steps are repeated in a variety of ways.

"Drugs and the Nervous System." (18 min. color, jh-ad) Shows the medical value of drugs properly used and disastrous effects of some drugs on the human body. Aspirin, airplane glue, amphetamines, barbiturates and opiates, and hallucinogens are all touched upon.

"Eat, Drink, and Be Wary." (21 min. color, gen-aud) A critical examination of our eating habits, of nutritional losses in food processing, of food additives, and of the role of food manufacturers in changing our diets.

"Get High on Life." (11 min. color, ed-ad) The words and music combined with visuals, explore the wonders of each day from dawn to dusk with each time period corresponding to life, from birth to old age. A positive approach to the narcotics problem.

"LSD: Insight or Insanity?" (18 min. color, jh-ad) Doctors, scientists and geneticists discuss the possible effects of LSD on the chromosomes. Examines the effects of LSD use.

"Read the Label--Set a Better Table." (14 min. color, jh-ad) To help consumers understand the new nutrition labels. Shows how to use the labels to get more value for the food dollar. Features Dick Van Dyke.

"Ready...or Not." (14 min. color, el-ad) A simple and direct approach to saving a life where the situations of loss of breathing, excessive bleeding, and poison by mouth are encountered.

"Survival Kit: Part I." (10 min. color, el-ad) The survival kit is contained in a box 6" x 4" x 2". Details the items in the survival kit and shows how they are designed to combat the seven enemies of survival.

"Survival Kit: Part II." (11 min. color, el-ad) The seven enemies of survival are: fear, pain, cold, thirst, hunger, fatigue, and loneliness. An actual survival situation is given.

"Label it Nutrition," slide, activity book and teachers guide, National Dairy Council, 7025 Kingston Pik, NW, Knoxville, TN.

Booklets and Pamphlets

U.S. Department of AGriculture:

"Calories and Weight, the USDA Pocket Guide," Information Bulletin No. 364, 1974, $1.

"Food and Your Weight," Bulletin No. 74, 1977.

"Food Safety for the Family," 1978.

"Keeping Food Safe to Eat," Home and Garden Bulletin No. 162, 1976.

(USDA booklets can usually be obtained from your County Home Extension Agent at little or no cost.)

Margolius, Sidney, "Health Foods: Facts and Fakes," Public Affairs Pamphlet No. 498, New York: 381 Park Avenue South, New York, NY 10016

"Exercise and Weight Control," Pamphlet from The President's Council on Physical Fitness and Sports, Washington, D.C. 20201

Consumer Information Center, Pueblo, CO 81009 or U.S. Superintendent of Documents, Washington, DC 20402:

Catalog of Consumer Education Materials.

"Drug Safety," A mini lesson from FDA, Public Health Service, Food and Drug Administration, Office of Professional and Consumer Programs, 5600 Fishers Lane, HFG-1, Rockville, MD 20852.

"Just What the Doctor Didn't Order!" National Urban League, 500 E. 62nd Street, New York, NY 10021. (12-page cartoon style booklet on middle school level)

"Money Management: Your Health and Recreation Dollar." Household Finance Corporation, Prudential Plaza, Chicago, IL 60601 (36-page booklet; 25¢)

Magazines

Better Homes and Gardens

Changing Times

Consumer Reports

Consumers' Research

Ladies' Home Journal

Money

Reader's Digest

Today's Health

Organic Gardening

Family Health

News Week

Science Digest

Business

Newspapers

Consumer Newsweekly, Consumer News, Inc., 813 National Press Building, Washington, DC 20045. 4 pp. $15 a year.

Local daily newspaper.

HEALTH CARE
Test--Form A

Instructions: Choose the best answer for each of these questions and mark your answer on the answer sheet.

1. Which of these accounts for the largest share of increases in health care costs?
   a. Price increases caused by inflation
   b. Increases in population
   c. Increases in the quality of health care
   d. Abuses of health care by consumers

2. Which of these is a responsibility of the Food and Drug Administration in protecting your health?
   a. Inspection of meat and poultry
   b. Packaging and labeling of foods, drugs, and cosmetics
   c. Air and water pollution
   d. Control of the sale of illegal drugs

3. If additives were left out of foods, the foods may
   a. spoil quicker.
   b. have more vitamins and minerals.
   c. look more appetizing.
   d. be dangerous to your health.

4. Which of these ways of dieting is probably most healthful for you?
   a. Before-meal candies
   b. Fad diets
   c. Diet pills
   d. Self-help groups

5. Which of these <u>requires</u> official nutrition labels?
   a. Natural foods
   b. Enriched foods
   c. Meat products
   d. Fresh, unprocessed foods

6. Which type of food has been grown <u>without</u> artificial fertilizers?
   a. Health foods
   b. Natural foods
   c. Organically grown foods
   d. Organically processed foods

7. The main problem with fad diets is that
   a. they are unbalanced.
   b. they do not have any special foods, pills, or formulas.
   c. they are difficult to find.
   d. they do not tell you what to eat and when to eat it.

8. What is the best way to lose weight?
   a. Take appetite-reducing pills and then eat what you want.
   b. Eat high-protein foods--they have almost no calories.
   c. Drink very little water and use body wraps.
   d. Eat fewer calories, and eat recommended amounts of all foods.

9. Which of these probably would not appear on a food label?
   a. Nutrition information for a serving
   b. Percent of RDA's for seven minerals and vitamins
   c. Size of serving and servings per container
   d. Food group to which contents belong

10. The main purpose of food additives is to
   a. increase the amount of food produced.
   b. provide more food at cheaper prices for consumers.
   c. make food look and taste better.
   d. sell more food at higher prices.

11. If a company wishes to use an additive that is not on the Generally Recognized As Safe (GRAS) list, it must
   a. do nothing, as long as it is sure the additive is safe.
   b. test the additive; then go ahead and sell foods prepared with it.
   c. ask permission of the Food and Drug Administration.
   d. wait until the additive is put on the GRAS list.

12. Organic foods are
   a. generally grown without pesticides and with natural fertilizers.
   b. sold only in special health food stores.
   c. cheaper than other foods.
   d. necessary to be really healthy.

13. Which of these statements is true about "health" foods?
   a. Organically processed foods are grown without fertilizers and pesticides.
   b. Natural food has no additives.
   c. Health foods will prevent, treat, and cure diseases.
   d. Organic and health foods are superior to regular foods.

14. You should buy generic drugs instead of brand-name drugs because generic drugs
   a. are more expensive and better.
   b. have a better mixture of chemicals.
   c. are cheaper and just as effective, usually.
   d. have expiration dates, but brand-name drugs do not.

15. Which of the following is not a question you need to ask in order to take drugs properly?
   a. How should it be taken?
   b. How soon should I expect to feel better?
   c. How much does it cost?
   d. What are possible side effects?

16. Where can you usually get prescriptions filled cheapest?
   a. Independent neighborhood drugstore
   b. Pharmacy in a doctors' building
   c. Hospital pharmacy
   d. Pharmacy of a discount department store

17. Which of the following will help you to avoid dangerous drug interaction?
    a. Do not take another's medicine unless you have exactly the same symptoms and the other person agrees it is all right.
    b. Take only safe types of drugs that have already been combined at the factory, such as time-released cold capsules and multi-vitamins, with any other drugs you are taking.
    c. Read the label and heed its warnings.
    d. Wait at least an hour after taking the first drug before taking any other drug.

18. Which of the following is <u>not</u> usually required on OTC drug labels?
    a. Expiration date
    b. Symptoms it is to relieve
    c. Directions for taking
    d. Warnings about total dosage and side effects

19. What is the most suitable way to find a new doctor?
    a. Get a recommendation from someone in the medical field.
    b. Check the medical journal indexes in the library for the nearest doctor who is doing research on what you have.
    c. Select one who seems to be the busiest, since the busiest doctors are the best ones.
    d. Select the newest one in town since he/she will not be so busy.

20. Which of these does a good patient do?
    a. Frankly tells the doctor all about the illness and any prior treatment.
    b. When he/she is not sure about the doctor's instructions, writes a letter to a medical columnist for advice.
    c. Avoids giving many details about the illness and leaves it up to the doctor to diagnose.
    d. Doesn't ask questions about the medicine--the doctor may think you cannot take care of yourself.

21. What can doctors do to reduce health care costs?
    a. Keep hospital beds full.
    b. Become specialists so that they can settle in rich sections of the cities.
    c. Order every available test, treatment, or medicine for the patient.
    d. Order minimum tests, drugs, and hospitalization.

22. Increases in medical costs are caused mostly by
    a. price increases because of inflation.
    b. a shortage of doctors.
    c. growth in the population.
    d. more health insurance available to consumers.

23. Which type of health insurance should be bought only by those who cannot receive their salary or wages when they are sick?
    a. Hospital insurance
    b. Income insurance
    c. Major medical insurance
    d. Surgical insurance

24. In which of these cases will your health insurance probably pay for your health care?
    a. You are injured in a war.
    b. You have plastic surgery to improve your looks.
    c. Your health care is a regular physical exam.
    d. You are having surgery recommended by your doctor.

25. Which of these is true about health maintenance organizations?
    a. Insurance policies cover membership fees only for people who are currently employed.
    b. The member pays a monthly fee and gets care at no additional charge.
    c. They accept only people who are under 65 as members.
    d. They accept only persons who are in good health and have no history of serious diseases.

HEALTH CARE
Test--Form B

DIRECTIONS: Choose the best answer for each of these questions and mark your choice on your answer sheet.

1. Health care costs include all of these except the costs of
   a. insurance.
   b. doctor's care.
   c. drugs.
   d. health foods.

2. A company sent you an ad for a product guaranteed to make you healthier in three weeks. To what agency would you report that false ad?
   a. Food and Drug Administration
   b. Federal Trade Commission
   c. Environmental Protection Act
   d. U. S. Department of Justice

3. An overdose of aspirin can cause
   a. no harm.
   b. poisoning of children.
   c. drug dependence.
   d. increased health and energy.

4. If you buy a drug that you think is harmful, what action should you take right away?
   a. Throw it away in the trash.
   b. Report it to your doctor or the Food and Drug Administration.
   c. Use it if your doctor prescribed it.
   d. Flush it away.

5. Which method depends on drugs to cause a weight loss?
   a. Formula diet products
   b. Before-meal candies
   c. Bulk producers
   d. Diet pills

6. Which of these is not a good reason for adding nutrients to foods?
   a. to give flavor
   b. to prevent spoilage
   c. to give color
   d. to correct chemical imbalances in people

7. Which government agency enforces the Public Health Services Act and the Food, Drug, and Cosmetic Act?
   a. Federal Trade Commission
   b. U. S. Department of Justice
   c. Food and Drug Administration
   d. Environmental Protection Agency

8. The greatest disadvantage to formula-diet products such as cookies, wafers, and soups is that
   a. they do not taste good.
   b. they deprive the body of nutrients.
   c. they depress the appetite.
   d. they can cause diarrhea or constipation.

9. Which of these is true about self-help diet groups?
   a. They depend on drugs to cause people to lose weight.
   b. They attack the cause of fat, not just how to lose it.
   c. They generally are failures at helping people lose weight.
   d. They give little help to make the person want to lose weight.

10. Foods included in the meat group are
   a. beef, veal, pork, and lamb only.
   b. meat, poultry, fish, eggs, dried beans, and peas.
   c. any kind of meat or dairy products.
   d. pork, beef, poultry, and fish only.

11. Which of these is not required on a nutrition label?
   a. Nutrition information for a serving
   b. Percentage of U. S. Recommended Daily Allowances (RDAs)
   c. Calories per serving
   d. Fats, cholesterol, and salt per serving

12. Health foods should be
   a. a part of everyone's diet.
   b. banned as dangerous to everyone's health.
   c. eaten only under a doctor's direction.
   d. eaten to correct subclinical deficiencies.

13. Foods canned or frozen without preservatives or additives are
   a. organically grown foods.
   b. organically processed foods.
   c. health foods.
   d. natural foods.

14. Which of these claims for health foods is true?
   a. Juices made at home are better for you than the raw foods themselves.
   b. Yogurt has the same nutritive value as milk.
   c. Whole wheat flour is much more nutritious than refined enriched white flour.
   d. Brewer's yeast provides nutrients that regular diets cannot provide.

15. Generic drugs are different from brand-name drugs in that generic drugs
   a. are copies of the original.
   b. have high research, development, and advertising expenses.
   c. are poorer-quality drugs.
   d. are not inspected for purity and quality.

16. Which of the following is NOT a question you need to ask in order to take drugs as the doctor intends?
   a. How long should I take the drug?
   b. Are there any foods or activities I should avoid?
   c. What if I miss a dose?
   d. Where should I have the prescription filled?

17. Mixing drugs without a doctor's permission can cause
    a. no problems ever.
    b. a waste of money, since only one drug can work at a time anyway.
    c. you to take the wrong amounts at the wrong time.
    d. reduced, increased, or changed effects.

18. Which of the following is NOT likely to cause a drug to "go bad?"
    a. Keep it tightly closed in its original container in a dry place.
    b. Put it in the best medicine bottle you can find, and put a label on the outside.
    c. Store it in the bathroom medicine chest on a high shelf.
    d. Put it in a special container with a timer to remind you to take it.

19. What can you do to help insure that you are using a drug safely?
    a. Start taking the drug when you first think symptoms may be starting "just in case."
    b. Never take more than double the dose recommended.
    c. Smell, crumble, and taste the medicine before you take it if the drug has passed its expiration date.
    d. Use it only as recommended on the label.

20. Which is a disadvantage of going to a doctor who is in group practice?
    a. The charges will likely be higher.
    b. You may not get the same doctor every time, and anyone in the group may see you.
    c. Any doctor there can see your records.
    d. Group doctors are hard to contact at night or on the weekend.

21. Which step should you take first if you believe your doctor has charged you too much?
    a. Complain to the local medical society.
    b. Check the doctors' offices to compare fees.
    c. Complain to the American Medical Association.
    d. Talk with the doctor about it.

22. A day surgery differs from a hospital in that the day surgery
    a. is not as efficient or as good as a hospital.
    b. operates only during normal business hours and is closed on weekends.
    c. charges comparatively higher fees because you do not stay as long.
    d. is not as safe for minor surgery as a hospital.

23. What is a deductible, as related to health insurance?
    a. The patient pays about 20 percent of the cost and the insurance company pays the rest.
    b. The hospital gives a deduction from the patient's bill if he/she has insurance.
    c. The patient pays the first $100 to $500 of the bill and the insurance company pays the rest--up to a set amount.
    d. If the insured person does not get sick, he or she gets a reduction in his premium.

24. Which of the following situations is major medical insurance designed to cover?
    a. Hospital room and meals and general care for ordinary illnesses.
    b. Reasonable surgery fees.
    c. Long-term illnesses like cancer and heart diseases.
    d. Dental, optical, and X-ray care.

25. Why is National Health Insurance being proposed?
    a. To improve the quality of health care and reduce the number of doctors and hospitals needed.
    b. So everyone can have their medical bills paid, regardless of their income.
    c. Medicare and Medicaid have reduced health care costs so much that every consumer should have something similar.
    d. Health care will be cheaper for the government, employers, and consumers.

ANSWERS TO ACHIEVEMENT TEST

Health Care

Form A		Form B	
1. A	24. D	1. D	24. C
2. B	25. B	2. B	25. B
3. A		3. B	
4. D		4. B	
5. B		5. D	
6. C		6. D	
7. A		7. C	
8. D		8. B	
9. D		9. B	
10. C		10. B	
11. C		11. C	
12. A		12. C	
13. B		13. B	
14. C		14. B	
15. C		15. A	
16. D		16. D	
17. C		17. D	
18. A		18. A	
19. A		19. D	
20. A		20. B	
21. D		21. D	
22. A		22. B	
23. B		23. C	